## Data Subject Details:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |
| Surname |  | | | | | | | | | |
| First name(s) |  | | | | | | | | | |
| Current address |  | | | | | | | | | |
| Telephone number: |  | | | | | | | | | |
| Home |  | | | | | | | | | |
| Work |  | | | | | | | | | |
| Mobile |  | | | | | | | | | |
| Email address |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| Details of identification provided to confirm name of data subject: |  | | | | | | | | | |
| Details of data requested: |  | | | | | | | | | |

### 1.1 Details of Person Requesting The Information (If Not The Data Subject):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you acting on behalf of the data subject with their *[written]* or other legal authority? | | | | Yes | | |  | | | No | | |  | |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | | |  | | | | | | | | | | |
| **Please enclose proof that you are legally authorised to obtain this information.** | | | | | | | | | | | | | | |
| Title | Mr |  | Mrs | |  | Miss | |  | Ms | |  | Other | |  |
| Surname |  | | | | | | | | | | | | | |
| First name(s) |  | | | | | | | | | | | | | |
| Current address |  | | | | | | | | | | | | | |
| Telephone number: |  | | | | | | | | | | | | | |
| Home |  | | | | | | | | | | | | | |
| Work |  | | | | | | | | | | | | | |
| Mobile |  | | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | | |

## Declaration

I, ………………………………………………………, the undersigned and the person identified in (1) above, hereby request that Organisation Name provide me with the data about me identified above.

Signature: Date:

SAR form completed by (employee name):

I, ………………………………………………………, the undersigned and the person identified in (1.1) above, hereby request that Organisation Name provide me with the data about the data subject identified in (1) above.

Signature: Date:

SAR form completed by (employee name):

This form must immediately be forwarded to the Aspers Data Protection Officer.

### Document Owner and Approval

The Data Protection Officer / GDPR Owner is the owner of this document and is responsible for ensuring that this procedure is reviewed in line with the review requirements of the GDPR.

The current version of this document is available to [all/specified] members of staff on the [corporate intranet] and is published [describe other/hardcopy availability].

This document is approved by the Board of Directors on the issue date shown and is issued on a version controlled basis under his/her signature.

Signature: Date:

### Change History Record

|  |  |  |  |
| --- | --- | --- | --- |
| Issue | Description of Change | Approval | Date of Issue |
| 1 | Initial issue | <Manager> | Xx/yy/zz |
|  |  |  |  |
|  |  |  |  |