

Section 45 (Data Protection Act 2018) Subject Access Request Form

1. Requestor

First name:		Middle name:	
Surname:			
Date of Birth:			
Address:			
Postcode:		Telephone:	
Email:			

**Other identifying information (Reference Number / National Insurance Number
/ Account Numbers etc)**

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2. Specific information required

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3. Reason for requesting disclosure

4. Statutory powers (Do not cite section 45 of the Data Protection Act)

Purpose

State the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form.

Select one option

- Litigation
- Apprehension or prosecution of offenders
- Defense of Legal Claims
- Rectification of Records
- Transparency of Processing
- Other (Please Specify)_____

5. Information provision

If we hold information how would you like the information to be provided?

Electronic File (Soft Copy)

Collect in person (Proof of identification required when collecting)

We will notify you if we do not hold information or your request for disclosure is refused

6. Declaration and authorisation

Declaration

I certify that:

- I am entitled to the information requested under Section 45 Data Protection Act 2018
- I understand information given on this form is correct
- I understand that if any information given on this form is incorrect, I may be committing an offence under Section 170 of the Data Protection Act, 2018

Requestor

Signed:		Date:	
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Where to send your request

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application. Validity checks may be carried out for compliance.
Send this form to:

Email: marketing@intercounty.org.uk

Postal address:

Group Data Security Division
Ballyvesey Group
607 Antrim Road
Mallusk
Newtownabbey
BT36 4RF

Fax: We do not accept faxes