Subject Access Request Form

Under the Data Protection Act 2018, you are entitled as a data subject to obtain from NBEUK, confirmation as to whether we are processing personal data concerning you, as well as to request details about the purposes, categories, and disclosure of such data.

You can use this form to request information about, and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of the document.

You can read more about your right of access by visiting: https://ico.org.uk/your-data-matters/your-right-to-get-copies-of-your-data/

1. Personal Details:			
Data Subject's Name:		DOB:	//
Home Telephone No:		Email:	
Data Subject's Address:			
Any other information that may help us to locate your personal data:			
2. Specific Details of the Information Requested:			
3. Representatives (only complete if you are acting as the representative for a data subject) [Please Note: We may still need to contact the data subject where proof of authorisation or identity are required]			
Representative's Name:		lationship to ta Subject:	
Telephone No:	Em	nail:	
Representative's Address:			

If you are making the request on behalf of someone else, we need to know who they are and their contact details in case we need to get in touch. You also need to give us proof of your authority to act on their behalf. For example, this could be written authorisation from them or a relevant Power of Attorney.			
Please send proof of authority together with this form when you make your request.			
\square Yes, I've got proof of my authority to act on someone else's behalf and I'll include it with my form.			
☐ No, I haven't got any proof of authority yet, but will send it later. I understand you can't action my request until you receive this information.			
I confirm that I am the authorised representative of the named data subject: Representative's Name: Signature:			
4. Confirmation			
4. Confirmation Data Subject's Name: [print name]			
Data Subject's Name:[print name] Signature: Date:/			
Data Subject's Name: [print name]			
Data Subject's Name:[print name] Signature: Date:/			
Data Subject's Name: [print name] Signature: Date: / 5. Completed Forms			