



Data Subject Access Request Form

The General Data Protection Regulations (GDPR)/Data Protection Act 2018 provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Completion of this form is not mandatory as a written request is also valid. However, to make it easier to recognise a data subject access request and for you to include all the details we might need to locate the information you required please complete this form.

You will need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a completed form or written request and proof of identity.

Proof of identity:

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of **two** documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

Section 1 – About you (the Data Subject)

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title: (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state): Click or tap here to enter text.
Forename(s):	Click or tap here to enter text.
Surname:	Click or tap here to enter text.
Previous Surname: (if applicable)	Click or tap here to enter text.
Date of Birth:	Click or tap to enter a date.
Current Address:	Click or tap here to enter text. Postcode: Click or tap here to enter text.
Day Time Telephone Number:	Click or tap here to enter text.

If you (the data subject) would have been known to us at a different address during the period to which the information you are seeking relates, please state address(es) below.

Address:	Click or tap here to enter text.		
	From date: Click or tap to enter a date.	To date:	Click or tap to enter a date.

Address:	Click or tap here to enter text.		
	From date: Click or tap to enter a date.	To date:	Click or tap to enter a date.

I am enclosing the following copies as proof of identity:	Birth certificate <input type="checkbox"/>	Driving licence <input type="checkbox"/>	Passport <input type="checkbox"/>
	An official letter to my address <input type="checkbox"/>		

Personal Information

If you only want to know what information is held in specific records please indicate in the box be-low.

Please tell us if you know in which capacity the information is being held, together with any names or dates you may have. If you do not know the current name of the Team just tell us what you do know. If you do not know exact dates, please give the year(s) that you think may be relevant.

Details:	Click or tap here to enter text.
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Employment records <input type="checkbox"/>
If you are now, or have been employed by allpay and are seeking personal information in relation to your employment please provide details of your staff number/dates of employment.
Click or tap here to enter text.

Section 2 – If you are acting on behalf of the Data Subject

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Title: (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state): Click or tap here to enter text.
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Forename(s):	Click or tap here to enter text.
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Surname:	Click or tap here to enter text.
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Previous Surname:	Click or tap here to enter text.
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(if applicable)	
Date of Birth:	Click or tap to enter a date.
Address:	Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Day Time Telephone Number:	Click or tap here to enter text.

Please provide proof of identity as detailed on page 1.

I am enclosing the following copies as proof of identity:	Birth certificate <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport <input type="checkbox"/> An official letter to my address <input type="checkbox"/>
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What is your relationship to the data subject? (e.g. parent, carer, legal representative)	Click or tap here to enter text.
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I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:	Letter of authority <input type="checkbox"/> Lasting or Enduring Power of Attorney <input type="checkbox"/> Evidence of parental responsibility <input type="checkbox"/> Other (give details): Click or tap here to enter text.
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Section 3 – Declaration

Data Subject Declaration:

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that allpay is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name: Click or tap here to enter text.
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<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 48px; font-weight: bold;">X</div> <hr style="border: 1px solid black; margin-top: 5px;"/> <p>Signature:</p>	<p>Date: Click or tap to enter a date.</p>
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OR

Authorised person – Declaration (if applicable):

I confirm that I am legally authorised to act on behalf of the data subject. I understand that allpay is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

X

Signature:

Your Checklist

Is your contact information correct?

Have you enclosed acceptable identification?

Have you completed all the sections?

Have you signed the form?

Have you provided information to assist us in identifying and finding the information?

Please send your completed form and proof of identity to:

Data Protection Officer, Compliance Department

allpay Limited, Fortis et Fides, Whitestone Business Park, Whitestone, Hereford, HR1 3SE.

dataprotection@allpay.net.