

Subject Access Request form



Please complete this form to request the personal information that CARE International is processing about you or someone you represent.

Part 1

Details about the person who the information relates to (referred to on this form as the "data subject")

Title (please tick) Mr Mrs Miss Ms Other

Surname Maiden/Former surname

First name Current address

Previous address

Relationship to CARE International UK:

Supporter/Donor Staff/Volunteer Programme Participant Other

Reference: (Identifying references such as service user number, campaign references, employee numbers, volunteer number):

Please provide a copy of ONE of the following as proof of your identity (tick which one applies)

- Passport
- Driving licence
- Other ID document

Please provide a copy of ONE of the following as proof of your address (tick which one applies)

- Utility bill
- Driving licence
- Bank statement

Part 2

Are you requesting information about you (i.e. are you the data subject)? Please tick which applies

No – go to part 3 **Yes** – go to part 4

Part 3

Please complete if you are the person acting on behalf of the data subject (who is identified in Part 1 above)

Title (please tick) Mr Mrs Miss Ms Other

Surname First name

Address

Please provide a copy of ONE of the following as proof of your identity (tick which one applies)

- Passport
- Driving licence
- Other ID document

As you need to have legal authority to request the data subject's information, please provide a copy of ONE of the following:

- Letter of authority
- Lasting power of attorney
- Other (please specify below)

Part 4

Details of information being requested

To help us with your request, please provide details of the information you require:

Part 5

Declaration

I certify that the information provided on this form is true and correct.

Please print your name in block capitals

Signature

Date

Part 6

Completion of the Subject Access Form

The completed application form and proof of identity (and if acting on behalf of the data subject proof of authority) should be sent to:

Supporter Care
CARE International UK
9th Floor
89 Albert Embankment
London
SE1 7TP

Part 7

Before submitting this form, please check that you have:

- Enclosed proof of identity of the data subject?
- Enclosed proof of authority to act on behalf of the data subject? (If required)
- Enclosed proof of your identity if acting on behalf of the data subject? (If required)
- Provided sufficient details for CARE International UK to locate the information you have requested?
- Signed and dated this form?