

Please print this form, complete and return by email to dataprotection@syndicateroom.com.

Detailed guidance can be found in the table below the form.

1. DATA SUBJECT DETAILS:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
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⁽ⁱ⁾:					
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 <input type="checkbox"/>	No <input type="checkbox"/>			
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
Please enclose proof⁽ⁱⁱ⁾ that you are legally authorised to obtain this information.					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname					
First name(s)					
Current address					
Telephone number:					
Home					
Work					

Mobile	
Email address	

(i)	We will need two copies of forms of identification, which can be: <ul style="list-style-type: none"> • Passport • Driving licence • Birth certificate • Utility bill (from last 3 months) • Current vehicle registration document • Bank statement (from last 3 months) • Rent book (from last 3 months) 	Once ID has been approved, we will not retain documents used, unless there is another purpose to retain them. If there is such a purpose, we will contact you to inform you of the reasons to retain documents.
(ii)	For example, letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney.	

2. DECLARATION

I,, the undersigned and the person identified in (1) above, hereby request that Syndicate Room Group Ltd provide me with the data about me identified above.

Signature: _____ Date: _____

SAR form completed by (employee name **BLOCK CAPITALS**):

I,, the undersigned and the person identified in (1.1) above, hereby request that Syndicate Room Group Ltd provide me with the data about the data subject identified in (1) above to complete this request.

Signature: _____ Date: _____

This form must immediately be forwarded to Syndicate Room Group Ltd's Data Protection Officer.