

SUBJECT ACCESS REQUEST FORM

To speed up the process of your subject access request, it is advised that you complete this form. Please note, this is not a mandatory form, requests made in other formats will be accepted.

Section 1 – Your Details	
Title (Mr, Mrs, Miss etc.)	
Surname	
Forenames	
Address	
Postcode	
Reference Number	
Telephone	
Email	
Date of Request	

Section 2 – Proof of your identity

For us to process your Subject Access Request, we require two forms of identification to confirm your identity. Please provide **copies** – one form of identity from List A and one form of identity from List B

List A	List B
Birth Certificate	Recent Utility Bill
Passport	Council Tax Bill
Photo Driving License	Bank/Building Society Statement

Once we have verified your identity, we will return the copies to you.

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Section 3 – Details of Personal Data Requested

Assist us to process your request efficiently by providing as much detail as possible about the information you require:

Section 4 - Declaration

A person who unlawfully obtains or attempts to unlawfully obtain personal information is guilty of a criminal offence and is liable to prosecution.

I certify that the information provided on this form is correct. I understand that On Medical are obliged to confirm proof of identity/authority and that it may be necessary for them to obtain further information in order to respond to this Subject Access Request.

Signature of Applicant _____ Date _____

Section 5 - Checklist

Before sending this form please check that you have:

- Enclosed proof of identity [Part 2]
- Provided sufficient details for us to locate the information you are requesting [Part 3]
- Read, signed and dated the declaration [Part 4]

Section 6 – What Happens Next?

Please return the completed form to On Medical. The details in this form will be used to manage this Subject Access Request, which will be processed within one calendar month of receipt of required information in accordance with the General Data Protection Regulation.

If you have any queries or require any assistance completing this form, please refer to the 'Your rights' section in our Privacy Statement at <http://www.onmedical.co.uk/privacy-policy/>, or contact us at: DPTeam@onmedical.co.uk