

R A B Y

SUBJECT ACCESS REQUEST FORM

In order to ensure that we have the necessary information to comply with your request, please complete and return this form to us. You will also need to supply copies of two forms of identification. We will process your request within 30 days of receiving confirmation of your identity. If you need help in making this request, please let us know. If you are under 13 years of age, or require additional help, you may be invited to attend in person so that we can help you with your request.

Section 1: Data Subject Details:

| | | | | | |
|--|--|-------------------------------------|--|--|---|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Other |
| Surname | | | | | |
| First name (s) | | | | | |
| Current address | | | | | |
| Telephone number | | | Date of birth | DD/MM/YY | <input type="checkbox"/> Under 13? |
| Email address | | | | | |
| Please indicate which two copies of identification you are providing* | <input type="checkbox"/> Passport | <input type="checkbox"/> NHS number | <input type="checkbox"/> Driving license | <input type="checkbox"/> Utility bill (within last 3 months) | <input type="checkbox"/> Bank /Savings Account Statement (within last 3 months) |
| | <input type="checkbox"/> Birth certificate | | <input type="checkbox"/> Student ID card | *One must bear your signature | |
| Details of data requested | | | | | |

Section 2: Declaration

| | |
|--|-------|
| I,, the undersigned and the person identified in (1) above, hereby request that Raby Estates provides me with the information as detailed above. | |
| Signature: | Date: |

Please return completed forms, together with copies of **two** forms of identification to:

SAR/GDPR, Raby Estates, Office Square, Staindrop, Darlington, County Durham, DL2 3NF

Alternatively, you can email completed and scanned forms, plus supporting evidence to gdpr@rabycastle.com. Please note, we require a handwritten signature on the form.

If you have any queries, or require some help in completing this form, please email us at the above address.

Please note that completion of this form is not compulsory. You may make a subject access request by letter, electronically or verbally, however we will still require the information specified on this form, in order to comply with your request.

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FOR OFFICE USE ONLY

| | | | |
|--|--|---|---------|
| Date SAR received: | DD/MM/YY | Received by/method: | |
| Details of identification provided | Document Type: 1. _____ 2. _____ | Document reference: _____ | |
| Signature | <input type="checkbox"/> Cross-checked & confirmed | By: | |
| Data Subject Identity | Date confirmed: DD/MM/YY | Confirmed by: | |
| If Under 13 / or additional help required: | <input type="checkbox"/> Invited to attend in person Date invitation sent: DD/MM/YY | Invited by: | |
| Invitation accepted <input type="checkbox"/> | Date of visit: DD/MM/YY | Seen by: | |
| Invitation declined <input type="checkbox"/> | Actions: | | |
| Deadline (1 month from confirming ID) | DD/MM/YY | SAR Reference: | |
| <input type="checkbox"/> Extension Required | Duration: (further 2 months max) | Revised deadline: DD/MM/YY | Reason: |
| Acknowledgement sent: | DD/MM/YY | Sent by: | |
| List of PII documents gathered: | | | |
| Third party PII | <input type="checkbox"/> Removed/Obscured | <input type="checkbox"/> Consent to disclose obtained | |
| Date PII of data subject disclosed: | DD/MM/YY | Processed by: | |