

R A B Y

SUBJECT ACCESS REQUEST FORM – made on behalf of the data subject

In order to ensure that we have the necessary information to comply with your request, please complete and return this form to us. As your request is regarding the personal data of someone other than yourself, please complete sections 1 and 2, and sign the declaration overleaf. The data subject (including child data subjects) must either give their consent in section 3, or you must provide proof that you are legally authorised to obtain this information. We will process your request within 30 days of receiving confirmation of the data subject's identity and the legal authority/consent for you to obtain the requested information.

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 of the data subject*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving license	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Student ID card	<input type="checkbox"/> NHS number <input type="checkbox"/> Utility bill (within last 3 months) <input type="checkbox"/> Bank /Savings Account statement (within last 3 months) *One must bear the data subject's signature
Details of data requested					

Section 2: Your details:

Are you acting on behalf of the data subject with their written consent or other legal authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see note in bold below)				
Please state your relationship with the data subject (e.g., parent, legal guardian or solicitor).					
Please note, we require either a) the data subject's written consent to this request, b) the data subject's signature in section 3 overleaf, or c) proof that you are legally authorised to obtain this information. Without consent or authority, we will not be able to process with your request.					
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					
Email address					

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Section 3: Consent of the Data Subject (unless otherwise provided)

I,, the undersigned and the person identified in (1) above, hereby request that Raby Estates provides the person identified in (2) above, with the information detailed above.

Signature:

Date:

Section 4: Declaration of Person Representing the Data Subject

I,, the undersigned and the person identified in (2) above, hereby request that Raby Estates provides me with the information, as detailed above, for the data subject identified in (1) above. I have consent from the data subject/legal authority to obtain this information.

Signature:

Date:

Please return completed forms, together with copies of **two** forms of identification of the data subject, one of which must bear the data subject's signature, to the address below. If the data subject has not completed section 3 of this form, please also enclose proof that you are legally authorised to obtain this information (e.g., letter of authority from the data subject, power of attorney etc.). Failure to do so will result in non-disclosure of the information requested.

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 handwritten signatures 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 - SUBJECT ACCESS REQUEST- made on behalf of the data subject

Date SAR received:	DD/MM/YY	Received by/method:	
Details of identification provided	Document Type:		Document reference: (eg. Passport no)
	1. _____		_____
	2. _____		_____
Data subject signature	<input type="checkbox"/> Cross-checked & confirmed		By: _____
Data subject Identity	Date confirmed: DD/MM/YY		Confirmed by: _____
Consent / Legal Authority	Date confirmed: DD/MM/YY	Confirmed by: _____	<input type="checkbox"/> Section 3 consent <input type="checkbox"/> Letter of authority <input type="checkbox"/> Other _____
Deadline	DD/MM/YY	SAR Reference:	
<input type="checkbox"/> Extension Required	Duration: (further 2 months max)	Reason: _____	Revised deadline: DD/MM/YY
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:	