

Subject Access Request Form

Under the General Data Protection Regulation, you are entitled as a data subject to obtain from the Company, confirmation as to whether we are processing personal data concerning you, as well as to request details about the purposes, categories and disclosure of such data.

You can use this form to request information about, and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of the document.

1. Personal Details:

Data Subject's Name:		DOB:	__ / __ / _____
Home Telephone No:		Email:	

Data Subject's Address:

Any other information that may help us to locate your personal data:

2. Specific Details of the Information Requested:

3. Representatives *(only complete if you are acting as the representative for a data subject)*

[Please Note: We may still need to contact the data subject where proof of authorisation or identity are required]

Representative's Name:		Relationship to Data Subject:	
Telephone No:		Email:	

Representative's Address:

I confirm that I am the authorised representative of the named data subject:

Representative's Name: _____ **Signature:** _____

4. Confirmation
Data Subject's Name: _____ [print name]
Signature: _____ Date: ____/____/____
5. Completed Forms
<i>For postal requests, please return this form to:</i> Mr Ranjit Dharwar Dentalcare Group Ltd 10 Hill Avenue Amersham HP6 5BW <i>For email requests, please return this form to:</i> Mr Ranjit Dharwar at compliance@dentalcare.ltd.uk