



Subject Access Request Form

Section 1: Details of the person the request is about (data subject)

In order to protect the privacy of the individual whom this request is about and in line with the requirements of the General Data Protection Regulation the Commission / Foundation is keen to ensure we locate the records and information only relating to the subject of this request. I would be grateful if you could supply the information outlined below.

Title: _____

Surname: _____

First Name: _____

Former Surname: _____

Date of Birth: _____

Gender (Male/Female): _____

Email address: _____

Home Address: _____

Postcode: _____

Section 1 b

Please complete the following ONLY if you are requesting copies of personnel records, and you (or the subject) is currently or has previously worked for the Commonwealth War Graves Commission or Foundation

Dates of employment _____

P Number (if known) _____

Section 2: Written Authority

If you are acting on behalf of the Data Subject (i.e. the person to whom the information is about) written authority is required. Please complete the details below. Also, please state your relationship to the data subject (e.g. parent/guardian, solicitor, holder of power of attorney, etc.)

Your full name _____

Your address _____



Post code _____

Contact telephone number _____

Email address _____

Relationship to the subject: _____

Section 3: Proof of Identity

It will be necessary to confirm the identity of **all** parties included on this form. Please supply a photocopy of **one** document from section A and B, and **all** relevant documents from section C with the application.

A. Confirmation of name

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

B. Confirmation of address

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Confirmation that a third party can access the records of the data subject if the request as been made on behalf of the data subject

- Health and Welfare Lasting Power of Attorney
- Full birth certificate of child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Signed declaration from the Data Subject themselves

I am providing the following types of identification, which are attached to this document.

A. Confirmation of name _____

B. Confirmation of address _____



C. Third Party confirmation _____

Section 4: What information do you require?

Please detail here the information you require from the Commission / Foundation

Section 5: Helping us to find the information

Please use the space below to provide further details that may help to locate the information you are seeking. Please supply as much detail as possible such as:

- For personnel records – names of individuals who you believe may hold personal data relating to yourself/3rd party
- Any other details you may feel have relevance e.g. relevant dates etc.

Section 6: Dispatch details

Please indicate where you would like your records dispatched to (please select one option):

- I am the data subject and would like my records to be dispatched to my home address as detailed in section 1 above
- I am acting on behalf of the data subject and would like the records dispatched to the address as detailed in section 2 above

Section 7: Declaration



I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates or I am acting on behalf of the data subject and have enclosed the relevant authority as detailed in section 3.

Data subject

Signature: _____ Date: _____

Print Name _____

Person making a request of behalf of the data subject

Signature: _____ Date: _____

Print Name _____

The Commonwealth War Graves Commission will provide any requested information electronically if an email address is supplied. Any documents will be password protected.

Your Checklist

Is your contact information correct?

Have you enclosed acceptable identification?

Have you signed the form?

Have you completed all the relevant sections?