

Subject Access Request Form

1. DATA SUBJECT DETAILS

Surname	
First Name(s)	
Current Address	
Telephone number	
Date of Birth	
Means of identification provided to confirm identify of data subject:	
Details of data requested:	

2. DETAILS OF PERSON REQUESTING THE INFORMATION

Are you acting on behalf of the data subject with their [written] or other legal authority?	Yes/No
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)	
Please enclose proof that you are legally authorised to obtain this information	
Surname	

First Name(s)	
Current Address	
Telephone number	
Email address	

DECLARATION A , or

I,, the signatory and person identified above as the data subject, hereby request that Z2K provide me with the personal data about me identified above.

Signature:

Date:

SAR form completed by [insert employee name]:

DECLARATION B

I,, the signatory and person identified at section 2 above, hereby request that Z2K provide me with the personal data identified above.

Signature:

Date:

SAR form completed by [insert employee name]:

PAYMENT IF REQUIRED

Please find enclosed the proof of payment:

Cheque / Postal Order / Proof of Bank Transfer to 40-52-40 00025612

Please note: This form must be immediately forwarded to Z2K's Data Controller.