

# Subject Access Request form



Please complete this form to request the personal information that CARE International is processing about you or someone you represent.

## Part 1

Details about the person who the information relates to (referred to on this form as the "data subject")

**Title** (please tick)  Mr  Mrs  Miss  Ms  Other

Surname  Maiden/Former surname

First name  Current address

Previous address

### Relationship to CARE International UK:

Supporter/Donor  Staff/Volunteer  Programme Participant  Other

Reference: (Identifying references such as service user number, campaign references, employee numbers, volunteer number):

**Please provide a copy of ONE of the following as proof of your identity** (tick which one applies)

- Passport
- Driving licence
- Other ID document

**Please provide a copy of ONE of the following as proof of your address** (tick which one applies)

- Utility bill
- Driving licence
- Bank statement

## Part 2

Are you requesting information about you (i.e. are you the data subject)? Please tick which applies

**No** – go to part 3  **Yes** – go to part 4

## Part 3

Please complete if you are the person acting on behalf of the data subject (who is identified in Part 1 above)

**Title** (please tick)  Mr  Mrs  Miss  Ms  Other

Surname  First name

Address

**Please provide a copy of ONE of the following as proof of your identity** (tick which one applies)

- Passport
- Driving licence
- Other ID document

**As you need to have legal authority to request the data subject's information, please provide a copy of ONE of the following:**

- Letter of authority
- Lasting power of attorney
- Other (please specify below)

## Part 4

Details of information being requested

To help us with your request, please provide details of the information you require:

## Part 5

Declaration

I certify that the information provided on this form is true and correct.

Please print your name in block capitals

Signature

Date

## Part 6

Completion of the Subject Access Form

The completed application form and proof of identity (and if acting on behalf of the data subject proof of authority) should be sent to:

Supporter Care  
CARE International UK  
c/o Ashurst LLP  
London Fruit & Wool Exchange  
1 Duval Square  
London E1 6PW

## Part 7

Before submitting this form, please check that you have:

- Enclosed proof of identity of the data subject?
- Enclosed proof of authority to act on behalf of the data subject? (If required)
- Enclosed proof of your identity if acting on behalf of the data subject? (If required)
- Provided sufficient details for CARE International UK to locate the information you have requested?
- Signed and dated this form?