



Subject Access Request

1. DATA SUBJECT DETAILS:

| | | | | | |
|--|-----------------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------|
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Surname | | | | | |
| First name(s) | | | | | |
| Current address | | | | | |
| Telephone number: | | | | | |
| Home | | | | | |
| Work | | | | | |
| Mobile | | | | | |
| Email address | | | | | |
| Date of birth | | | | | |
| Details of identification provided to confirm name of data subject: We will need two copies of forms of identification, which can be: <ul style="list-style-type: none">• Passport• Driving licence• Birth certificate• Utility bill (from last 3 months)• Current vehicle registration document• Bank statement (from last 3 months)• Rent book (from last 3 months). | | | | | |
| Details of data requested: | | | | | |



Subject Access Request

1.1 DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):

| | | | | | |
|---|------------------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------|
| Are you acting on behalf of the data subject with their written or other legal authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| 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. | | | | | |
| <small>(For example, letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney.)</small> | | | | | |
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other: <input type="checkbox"/> |
| Surname | | | | | |
| First name(s) | | | | | |
| Current address | | | | | |
| Telephone number: | | | | | |
| Home | | | | | |
| Work | | | | | |
| Mobile | | | | | |
| Email address | | | | | |

2. DECLARATION

I,, the undersigned and the person identified in (1) above, hereby request that MailRoute, Inc. provide me with the data about me identified above.

Signature:

Date:

SAR form completed by (employee name):

I,, the undersigned and the person identified in (1.1) above, hereby request that MailRoute, Inc. provide me with the data about the data subject identified in (1) above.

Signature:

Date:

SAR form completed by (employee name):

This form must immediately be forwarded to MailRoute, Inc.'s Data Protection Officer / GDPR Owner.