

Subject Access Request Form

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					
Proof of identification provided to confirm name 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 <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					
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					

DECLARATION

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

Signature:

Date:

SAR form completed by:

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

Signature:

Date:

SAR form completed by:
