

## ACTS 29 – SUBJECT ACCESS REQUEST FORM

The General Data Protection Regulations (GDPR) May 2018, provides EU citizens as data subjects, with a right to request a copy of the data / information we hold about them or to authorize someone to act on their behalf.

Please complete this form if you are an EU citizen and you wish to request a copy of your personal data; you will also need to provide proof of your identity. Your request will be processed within 30 calendar days of receiving:

- A fully completed form or request in writing
- Proof of your identity (and authorisation if you are acting on behalf of someone else)
- Sufficient detail in your request to locate the data

### Proof of Identity

We need proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as:

- Birth certificate
- Passport
- Driving license
- Official letter addressed to you at your home address
- Bank statement
- Recent utilities bill

The documents chosen should show your date of birth and current address. If you have changed your name since your personal data was collected please provide a copy of relevant documents evidencing the change.

### Section 1: Data Subject details

<b>Title:</b> Mr.      Mrs.      Ms      Miss      Other
<b>Surname / Family name:</b>
<b>First name(s)/ Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Previous Address:</b>
<b>Postcode:</b>
<b>Daytime telephone number:</b>

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## Verification of Identity

I am enclosing the following copies as proof of identity

Birth certificate    Driving License    Passport    An official letter to my address

If none of these are available please contact us for advice: [dataprotection@acts29.com](mailto:dataprotection@acts29.com)

### Personal Information

If you only want to know what general information is held in specific records please indicate in the box below:

If you are seeking specific information please provide details about:

- The type of record e.g. employment record
- What format the information you are looking for is in
- Any names and dates you have that may assist us in locating the information

If you are looking for records in relation to employment please provide:

- Your staff reference number
- Dates of employment
- Location
- The records you are seeking

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**Section 2:**

Please complete this section of the form if you are acting on behalf of someone else (i.e. the data subject).

If you are NOT the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

<b>Title:</b> Mr.      Mrs.      Ms      Miss      Other
<b>Surname / Family name:</b>
<b>First name(s)/ Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Previous Address:</b>
<b>Postcode:</b>
<b>Daytime telephone number:</b>

Please provide proof of identity:

I am enclosing the following copies as proof of identity Birth certificate      Driving License.      Passport      An official letter to my address
If none of these are available please contact us for advice: <a href="mailto:dataprotection@acts29.com">dataprotection@acts29.com</a>

What is your relationship to the data subject? (e.g. parent, carer, legal representative)
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I am enclosing the following copy as proof of authorisation to act on behalf of the data subject:
Letter of authority      Lasting or enduring power of attorney
Evidence of parental responsibility      Other.

Data Subject declaration:

I certify that the information on this form is correct to the best of my knowledge and I am the person to whom it relates. I understand Acts 29 is obliged to confirm proof of identity / authority and it may be necessary to obtain further information to comply with this subject access request.

Name:

Signature:

OR

Authorized person – Declaration (if applicable):

I certify that I am legally authorized to act on behalf of the data subject. I understand Acts 29 is obliged to confirm proof of identity / authority and it may be necessary to obtain further information to comply with this subject access request.

Name:

Signature:

I wish to receive the information:

In electronic format

Receive the information by post\*

Collect the information in person

View a copy of the information only

\*Please be aware that if you wish us to post the information to you we will take every care to ensure it is currently addressed, however we cannot be held liable if the information is lost in the post, incorrectly delivered or opened by someone who is not the addressee. Please take this into consideration if the data you have requested is sensitive.

Please send your completed form and proof of identity to:

Data Protection Officer  
% Acts 29 Office  
23052 Alicia PKWY, Suite H #621  
Mission Viejo, CA 92692  
USA

Or scan and email to: [dataprotection@acts29.com](mailto:dataprotection@acts29.com).

Please note:

If your access request is incomplete, lacking in detail or will be complex to meet, we will contact you to either request clarification or confirm that complying with the request may take longer than 30 days. In these circumstances the GDPR accepts a maximum of 2 months' extension to the 30-day time limit.