

## GDPR Data Subject Access Request Form

You can use this form to make a request under the General Data Protection Regulation (GDPR) to receive a copy of personal data that the Company holds about you. Once completed, this form should be forwarded to the Company's representative, who will deal with your request. Their contact details are:

John Chapman, CEO  
 privacy@legacydatasolutions.co.uk

**Legacy Data Solutions Limited**  
 48 – 54 Moorgate, London EC2R 6EJ  
 Head Office: 020 3808 8613

Full name of applicant (please also provide any other names under which you have been employed or engaged):
Address:
Contact telephone number:
E-mail address:
What is or was your employment status? Employee/former employee/job applicant/worker/contractor/other ( <i>please specify</i> )* (*Delete as appropriate)
Work location and employing department (if applicable):
Relevant employment or engagement dates (as applicable): (a) Commencement date: (b) Termination date: (c) Date of job application: (d) Date of job interview:

By completing this form, you are making a request under the GDPR for a copy of personal data held about you by the Company that you are eligible to receive.

Please provide a precise description of the personal data that you are requesting, and any relevant dates. It will assist us in dealing with your request if you could set out details of the specific documents or files you wish to see, the names of any individuals or departments whom you believe may hold the personal data that you are requesting, and any other information which will assist us in searching for the personal data that you are requesting:

What items of copy documentation have you supplied with this form as evidence of your identity, e.g. a driving licence, passport or national identity card?

By completing this form, I accept that I am making a request under the GDPR for (a) confirmation as to whether or not my personal data are being processed by the Company, (b) access to copies of my specified personal data, and (c) the provision of the following supplementary information:

- the purposes of the processing
- the categories of personal data concerned
- the recipients, or categories of recipients, to whom my personal data have been or will be disclosed, in particular recipients in non-EEA countries
- where possible, the envisaged period for which my personal data will be stored, or, if not possible, the criteria used to determine that period
- the existence of my right to request rectification or erasure of my personal data or restriction of processing of my personal data or to object to such processing
- my right to lodge a complaint with the Information Commissioner's Office
- where my personal data are not collected from me, any available information as to their source
- the existence of automated decision making, including profiling, and meaningful information about the logic involved, as well as the significance and the envisaged consequences of such processing for me
- where my personal data are transferred to a non-EEA country, what appropriate safeguards are in place relating to the transfer.

By signing below, I confirm that I am the data subject named above and that, where you have reasonable doubts concerning my identity, you may contact me to request me to provide additional information necessary to confirm my identity before responding to my request. I acknowledge that you may also need to contact me to obtain any further information that you require to enable you to comply with my request.

I understand that it may take up to one month from receipt of this form before a reply to my request is provided to me. I acknowledge that this time limit may be extended by a further two months where necessary, taking into account the complexity and number of my requests for my personal data.

Finally, I accept that if I have made this request electronically, and unless I otherwise request, you will provide my personal data in a commonly used electronic form.

Signed: .....

Date: .....

### **Guidance for Applicant**

To enable your request for access to be processed promptly, please complete the form overleaf, providing as much information as you can.

You will be asked to provide satisfactory proof of identity and address e.g. driving licence, passport, recent correspondence addressed to you.

If you are requesting access on behalf of another individual you will be required to provide written authorisation from the Data Subject. Any data found will be sent to the Data Subject.



**FOR OFFICE USE ONLY**

To be completed by the person receiving this application.

Date form received on: \_\_\_\_\_ at \_\_\_\_\_  
(location)

by \_\_\_\_\_ Dept. \_\_\_\_\_

Identification submitted by applicant: \_\_\_\_\_  
(type of identification)

Reference number of identification: \_\_\_\_\_

Form referred to \_\_\_\_\_ Dept: \_\_\_\_\_

Date: \_\_\_\_\_

Data Protection Officer Informed Date: \_\_\_\_\_