

**Subject Access Request**

<b>Name:</b>
<b>Daytime telephone number:</b>
<b>Email:</b>
<b>Address:</b>
<b>Employee number:</b>
By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the organisation that you are eligible to receive.
<b>Required information (and any relevant dates):</b>  [Example: Emails between "A" and "B" from 1 May 2017 to 6 September 2017.]



By signing below, you indicate that you are the individual named above. The organisation cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.

Please return this form to [name of individual/the HR department/dataprotection@pbclinic.com].

Please allow [14] days for a reply.

**Data subject's signature:**

**Date:**