

2013 Mill Lane
Wingerworth
Chesterfield
S42 6NG



Subject Access Request Form

General Data Protection Regulation

The General Data Protection Regulation provides people with a right to access the data that organisations hold about them. To make sure we deal with your request quickly and according to our legal obligations, Rykneld Homes Limited asks that anyone requesting personal data held by the Company completes and returns this form.

Please note that on receipt of your request we may need to contact you to obtain more information about the data you would like us to provide and to confirm your identity. The period in which we are legally required to respond to your request will not commence until we have all the information needed to deal with your request.

Your Details

	Title	First Name	Middle Name(s)	Surname
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	<div><div></div><div></div><div></div><div></div></div>
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Post Code	<input type="text"/>
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	Daytime	Evening	Mobile
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

	D	D	M	M	Y	Y	Y	Y	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous Name(s)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the information you seek is about yourself, please tick this box to confirm that you have enclosed proof of your identity	<input type="checkbox"/>
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	Signature	Date
If the information you seek is about yourself, please sign and date the form here to confirm that you are the person named above	<input type="text"/>	<input type="text"/>

Your Details – If you are making the request for another person

	Title	First Name	Middle Name(s)	Surname
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<div><div></div><div></div><div></div><div></div></div>			
Post Code	<input type="text"/>			
Telephone	Daytime	Evening	Mobile	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your relationship with the person whose information you are requesting	<input type="text"/>			
I can confirm that I have been authorised by the person named above	Signature		Date	
	<input type="text"/>		<input type="text"/>	
Please tick this box to confirm that you have enclosed signed permission of your authority to act on behalf of the person named above	<input type="checkbox"/>			

Personal Data Required

Please use this space to provide us with details of the information you need

For Office Use Only

Date received	<input type="text"/>	Information sent	<input type="text"/>
Comments	<div><div></div><div></div></div>		