

# Data Subject Request Form

Please complete this form (in writing) in **BLOCK** capitals and post, enclosing the relevant information, to:

Data Protection Officer  
Experience Freedom  
East Grinstead House  
East Grinstead  
West Sussex  
RH19 1UA

For Head Office Use Only	
Reference:	
Date received by DSCT:	
Date ID checked:	
Date completed:	

Please note that the information supplied to Experience Freedom in this request will be used to administer this request in line with our Privacy Policy located on our website at <https://experiencefreedom.co.uk/privacy-policy/>

## Section 1 Details of the Data Subject (to whom the information relates)

Tick box as appropriate:

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname/family name:		
First name(s):		
Residential address:  <i>This must <u>not</u> be a PO Box address. This address is where the requested information will be sent unless an alternative delivery address is explicitly stated at the time of the application.</i>	Current address (if residing at this address for less than two years, please also provide your previous address).  _____ _____ _____ Town: _____ County: _____ Postcode: _____	Previous address (if required)  _____ _____ _____ Town: _____ County: _____ Postcode: _____
	Primary contact telephone number:	
Email address:		
Membership Number (if applicable)		

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## Section 2

### Details of your request

Please describe which data subject right(s) you would like to exercise, providing as much detail as possible in order for us to locate your information and manage your request.

Please let us know why you are making this request

*(You do not have to provide this information, but it may help us to locate the information you require)*

## Section 3

### Proof of identity

In order for us to locate your information and manage your request we need to fully verify your identity. To help us do this, please tick the relevant boxes to indicate the items that are enclosed. Your request must be accompanied by copies of at least **two** of the following document types:

Driving licence	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>
Utility bill (not more than six months old and excluding internet or mobile phone bills)	<input type="checkbox"/>
Council Tax statement (current year)	<input type="checkbox"/>
Bank account statement (not more than six months old)	<input type="checkbox"/>
Landline telephone bill (not more than six months old)	<input type="checkbox"/>

Experience Freedom reserves the right to ask for original documentation in some cases. All original documents will be returned by secure courier.

## Section 4

### Third party application and declaration *(if applicable)*

If you are acting on behalf of the Data Subject, whose information is listed in Section 1, you must complete this section with your details and also attach a signed letter of authority from the Data Subject. You must also ensure that the Data Subject has signed this application form at Section 5 and provided their identification documents in accordance with Section 3 above.

*Tick box as appropriate:*

Mr    Mrs    Miss    Ms    Other \_\_\_\_\_

Full name:	
Correspondence address: <i>Please include postcode.</i>	
Primary contact telephone number:	
Email address:	

This is a PUBLIC document and can be distributed externally but will be classified as RESTRICTED when complete

**Declaration of third party:**

I confirm that I am acting on behalf of the Data Subject and attach an appropriate letter of authority from the Data Subject and the required proofs of identity as set out in Section 3.

Signed: \_\_\_\_\_

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

**Section 5**

**Data Subject declaration**

I confirm that the information provided on this application is accurate and true at the time of this request and I am the person to whom the information in Section 1 relates.

I understand that it is necessary for Experience Freedom to confirm my identity and that it may be necessary for Experience Freedom to obtain more detailed information from me in order to locate the information I have requested.

Signed: \_\_\_\_\_

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

**Time limit for responding**

As soon as you have (a) supplied sufficient information, and (b) your application is confirmed as valid, Experience Freedom will process your request and respond to you as soon as possible and in any event within one month.

**Redaction of data**

In order to comply with UK data protection law, Experience Freedom may be required to redact (withhold, suppress or obscure) certain information from the documentation that is sent to you. This could be because disclosure of the information would breach confidentiality of another individual from whom Experience Freedom has not sought or had permission from to disclose this information to you, or because of the nature of the information or the effect its disclosure is likely to have.

**Returning the form**

This completed form and proofs of identity (and letter of authority if a third party is applying on the Data Subject's behalf), should be sent by post to:

Data Protection Officer  
Experience Freedom  
East Grinstead House  
East Grinstead  
West Sussex  
RH19 1UA

If you have any questions about this process, please contact the Data Protection Officer (above) in writing or by emailing [DPO@camc.com](mailto:DPO@camc.com)

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