



Subject Access Request Form

Introduction

1. *Before completing this form please read the Information Commissioner's Good Practice Note on Subject Access Requests¹ to which the CLC refers when considering such requests. Any information provided in this form will be used solely for the purpose of responding to your request under section 7 of the Data Protection Act 1998.*

Identification

2. *In order to assist us in responding to your request and to help us prevent unauthorised disclosures of your personal data please provide a copy of a photographic identification (such as a passport or a driving licence) and a recent utility bill.*

<input type="checkbox"/>	I have attached photocopies of the required ID OR
<input type="checkbox"/>	I have attached originals of the required ID. I agree that you should make copies of these documents and that the original documents should be returned to me

Please tick the statement which applies

Subject Access Fee

3. *The Act allows data controllers to charge up to £10 per request to cover any costs which may reasonably arise in fulfilling the request.*

I have enclosed a cheque/postal order for £10.00 made payable to the Council for Licensed Conveyancers
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Details of the request

4. *In order to assist us in fulfilling your request please state clearly and as shortly as possible what information you are seeking.*

¹ at http://ico.org.uk/for_organisations/guidance_index/~/_media/documents/library/Data_Protection/Practical_application/checklist_for_handling_requests_for_personal_information.ashx or ask the CLC for a copy

Other information

5. *Please provide any information that will assist us in locating the data you have requested. This could be details of any relevant reference numbers, dates of any correspondence or any members of staff you have dealt with.*

Statement

- 6.

I have read and understood the information contained in the Subject Access Information Leaflet. I understand that the Council may seek further information to confirm my identity as the data subject in order to ensure confidentiality. I confirm that the information I have provided is accurate.

Signature of data subject:

Full Name:

Date:

This form should be returned to: The Data Protection Officer, CLC, 16 Glebe Road, Chelmsford, Essex CM1 1QG