

	<h2>Data Protection Act 1998</h2> <h3>Subject Access Request (SAR)</h3> <h3>Form</h3>	
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Please write in **BLACK** in **BLOCK CAPITAL LETTERS** inside the boxes.

I am the Data Subject (The person the information is about):

I am acting on behalf of the Data Subject:

Please complete Parts 1, 3 and 4 plus Part 6 if necessary.

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship, what information you require and why it is required. Please note that information relating to someone else will not be disclosed without the data subject's written consent or an appropriate Court Order or Power of Attorney. Accordingly I enclose:

The Data Subject's written consent to disclosure of the information requested at Part 3:

A Court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3:

My relationship to the data subject is:

(Please specify e.g. Doctor/Solicitor/Spouse/Civil Partner/Father/Mother/Brother/Sister)

Part 1 – Data Subject Personal Details

Surname:	NoMates	Full Forename(s):	Billy	Title:	MR	
Service/Staff No:	22446688	Rank/Grade:	DRUMMER	Date of Birth:	01.01.1900	
National Insurance Number:	AC DC 11 22	Contact Tel. No:	+357 9988776	E-mail address:	B@BB.COM	
MoD Service	Civilian: <input type="checkbox"/> Army: <input type="checkbox"/> Home Guard (HG): <input type="checkbox"/>	Royal Navy: <input type="checkbox"/> Royal Air Force: <input type="checkbox"/> County served in (HG):	Date(s) of Joining:	01.01.1945	Date(s) of Leaving:	25.12.1975

Please provide the address that you want the information sent to plus your daytime telephone number (if different from above, in case we need to speak to you to discuss your request). If seeking information on behalf of someone else please provide your full name.

Surname:	NoMates	Full Forename(s):	Billy	Title:	MR
Address Line 1:	PO BOX 123	Daytime Telephone:	+357 99887766		
Address Line 2:	SOME POST OFFICE	County:			
Address Line 3:	SOME WHERE	Postcode:	4400		
Town:	CYPVILLE	Country:	CYPRUS		

Part 2 - What to do next

Please complete Parts 3 and 4 plus Part 6, if necessary, and forward the form (plus written consent and/or court order if acting on behalf of the data subject) to the appropriate address below:

Royal Navy:	RN Disclosure Cell, Mail Point G.2 Room 48, West Battery, Whale Island, Portsmouth, PO2 8DX	DECA:	Data Protection Adviser, HRBP, DECA Sealand, Welsh Road, Deeside, Flintshire, CH5 2LS
Army & HG	APC Secretariat, Disclosures 2, Mail point 535, Kentigern House, 65 Brown Street, Glasgow, G2 8EX	Hydrographic Office:	DPA Focal Point, UK Hydrographic Office, Admiralty Way, Taunton, Somerset, TA1 2DN
Royal Air Force:	RAF Disclosures Room 14, Trenchard Hall, RAF Cranwell, Sleaford, Lincolnshire, NG34 8HB	MoD Civilians:	Defence Business Services Mail and Scanning Hub, PO Box 38, Cheadle Hulme, Cheshire SK8 7NU
RFA Seafarers:	RFA Pers Ops, Room 13, Mail Point G1, West Battery, Whale Island, Portsmouth, PO2 8DX	Serv Pers/Vets (AFPS, AFCS, WPS only):	Defence Business Services, Subject Access Request Team, Room 6303, Tomlinson House, Norcross, Thornton Cleveleys, FY5 3WP
DSTL:	DSTL SDPO, i-Sat B, G01, Bldg 5, DSTL, Porton Down, Salisbury, Wilts, SP4 0JQ	Others e.g. the Public	Main Building, 2.B.45, Horse Guards Avenue, Whitehall, London SW1A 2HB

Part 3 – Information Requested

State clearly the information you require, with dates where known e.g. *my medical records while serving at HMS Centurion 1990-1993*

Please provide as much information as possible to assist us in locating your data

Continue using Part 6, if necessary

Please provide me with all medical records relating to hearing, hearing tests, audiometry, PULHEEMS assessment and entry and discharge medical.

Please enter the number of Continuation Sheets used:



The MoD will use the information provided to locate the data sought. Your request will be processed in accordance with Departmental personnel policies under the Data Protection Act 1998.

Part 4 – Declaration by Requestor

Verification of identity is required before your request can be processed:

I enclose as verification of identity a photocopy of my:

Passport:

Driving Licence:

Utility Bill:

Other:

I declare that, to the best of my knowledge, the information I have provided on this form is correct.

Signature:

Squiggle

Name in Capitals:

BLOGGS

Date:

01.01.2018

Part 5 – MoD Use Only

Actioned By:
(Name in Capitals)

Date Received:

SAR Reference No:

Signature:

Date Responded: