



## **2. DETAILS OF PERSON REQUESTING THE INFORMATION**

Are you acting on behalf of the data subject with their [written] or other legal authority? Yes   
No

If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)

**Please enclose proof that you are legally authorised to obtain this information**

**Title** Mr  Mrs  Miss  Ms  Other

**Surname**

**First Name(s)**

**Current Address**

**Telephone number:**

**Home**

**Work**

**Mobile**

**Email address**

**DECLARATION**

I, ....., the signatory and person identified above as the data subject, hereby request that RNRMC provide me with the personal data about me identified above.

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

SAR form completed by [insert employee name]: \_\_\_\_\_ Date: \_\_\_\_\_

I, ....., the signatory and person identified at section 2 above, hereby request that RNRMC provide me with the personal data identified above.

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

SAR form completed by [insert Name of legal authority]: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form either by email to [dataprotection@rnrmc.org.uk](mailto:dataprotection@rnrmc.org.uk) or by post to:

Isabelle Russell  
Operations Manager  
RNRMC  
Building 29, HMS Excellent  
Whale Island  
Portsmouth  
PO2 8ER

<b><i>For office use only</i></b>	
<i>Date Received</i>	
<i>SAR Code</i>	
<i>Response date</i>	