DATA SUBJECT ACCESS REQUEST (DSAR)

1. DATA SUBJECT DETAILS:

Title	Mr □	Mrs □	Miss □	Ms 🗆	Other:	
Surname		•	1	•		
First Name(s)						
Current Address						
Telephone number:						
Home						
Work						
Mobile						
Email address						
Date of Birth						
Details of						
identification provided						
to confirm name of						
data subject:						
Details of data						
requested:						
1.1 DETAILS OF PERSON	REQUEST	ING THE IN	FORMATIO	N:		
Are you acting on hehalf	of the dat	a subject	Vaa 🗆			
Are you acting on behalf of the data subject			Yes 🗆			
with their [written] or other legal authority?			No 🗆			
If 'Yes' please state your		•				
data subject (e.g. parent,	iegai guai	rdian or				
solicitor)						
Please enclose proof that you are legally authorised to obtain this information.						
r rease enclose pro	or that ye	ou are regun	iy addiioiise	u to obtai		
Title	Mr □	Mrs □	Miss 🗆	Ms 🗆	Other: □	
Surname						
First Name(s)						
Current Address						
Telephone number:						
Home						
Work						
Mobile						
Email address						

2. DECLARATION

I,, the undersign hereby request that Practico Limited provide me with the control of the	•
Signature:	Date:
SAR form completed by Data Subject:	
I,, the undersig hereby request that Practico Limited provide me wi in (1) above.	· · · · · · · · · · · · · · · · · · ·
Signature:	Date:
SAR form completed by Agent of Data Subject:	
This form must immediately be forwarded to Prac	tico Limited's Data Protection Officer.
Guidance for completion:	

If acting independently, the data subject should complete section 1 of the form and send the form directly to the Data Protection Officer at the address below.

If you are the agent of the data subject (e.g. legal representative) both section 1 and 1.1. require completion.

The duly completed form must be sent to the Data Processing Officer, Practico Itd, 3rd Floor, Houndsditch, London EC3A 7DB or by email to pvirtue@practico.co.uk.