

Warners Group Publications Data Subject Access Request Form

As per our Privacy Notice, data subjects are entitled to obtain:

- Confirmation as to whether Warners Group Publications Plc is processing any personal data about that individual;
- Access to their personal data;
- Any related information;

Warners Group Publications Plc will need 2 copies of forms of identification before it can proceed with your request, these can be:

- Passport
- Driving licence
- Birth certificate
- Utility bill (from last 3 months)
- Current vehicle registration document
- Bank statement (from last 3 months)
- Rent book (from last 3 months).

Warners Group Publications Plc will respond to your request within 30 days

If for any reason you are unable to complete this form please simply provide the necessary information, as detailed on the form, in letter or email format to the addresses given below.

1. Data Subject Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname					
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 requesting the information if not the data subject:

Are you acting on behalf of the data subject with their authority or other legal authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input type="checkbox"/>
Surname					
First name(s)					
Current address					
Telephone number:					
Home					
Work					
Mobile					
Email address					

DECLARATION

I,, the undersigned and the person identified in (1) above, hereby request that Organisation Name provide me with the data about me identified above.

Signature: _____ Date: _____

SAR form completed by a representative:

I,, the undersigned and the person identified in (1.1) above, hereby request that Organisation Name provide me with the data about the data subject identified in (1) above.

Signature: _____ Date: _____

Please forward your completed form to:
dataprotectionofficer@warnersgroup.co.uk or send it by post to:
 Data Protection Officer, Warners Group Publications Plc, West Street, Bourne, Lincs PE10 9PH

Warners Group Publications - STAFF USE ONLY	
SAR form received by (employee name)	
SAR form received date	
Received by Data Protection Officer - date	
Identity confirmed – forms of ID used and date	
Reference ID assigned	
SAR completed and sent to data subject - date	
Any processing notes	

Version	Change	Author	Date of Change
Version 1	Full document created	Data Protection Officer	01/02/2018