

Data Subject Access Request Form

SAI360 may in the course of its business collect and process personal data from our customers and other individuals we interact with (Data Subjects). How we treat the personal data that we collect, use and disclose is set out in our Privacy Policy, a copy of which can be found on our corporate website.

Data subjects are entitled to obtain confirmation as to whether SAI360 is processing any personal data about that individual, access to that personal data, and any related information. If you would like to exercise any of your rights as a data subject please complete the form provided below and return it to us at: DataProtection.Officer@sai360.com

We will need to verify your identity. In order for us to process your request, please also provide a **copy of any two of the following forms of identification:** passport, drivers licence or birth certificate.

1. DATA SUBJECT DETAILS

Title:	Mr 🗌	Mrs	Miss	Ms 🗌	Other:
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:					



Data Subject Access Request Form (cont'd)

2. DETAILS OF PERSON REQUESTING THE INFORMATION (if not the data subject):

Are you acting on behalf o legal authority?	Yes No No					
If 'Yes' please state your re (e.g. parent, legal guardian	elationship with t n or solicitor)	he data subject	i			
Plea	se enclose proof	that you are le	gally authorised	to obtain this i	nformation.	
Title:	Mr 🗌	Mrs 🗌	Miss	Ms 🗌	Other:	
Surname:			,		1	
First name(s):						
Current address:						
Telephone number:						
HOME:						
WORK:						
MOBILE:						
Email address:						
3. DECLARATION (if you are the		undersigned a	and the person	identified in (1) above, h	nereby request that
SAI360 provide me with the c				·	•	
Signature:				Date	:	
4. DECLARATION (If you are m	aking this request	on behalf of the d	ata subject)			
l,	, the	undersigned a	and the person	identified in (1.1) above	, hereby request that
SAI360 provide me with the o						-
Signature:				Date	:	