

1 Click Log Cabins - Subject Access Request Form

Date:

Data Subject Details

Title:

Forename(s):

Surname:

Current Address

Building Name

Number

Street

Town

County

Postcode

Alternative Address used such as business, previous, or third - party delivery address

Building Name

Number

Street

Town

County

Postcode

Telephone Numbers and Methods of Contact

Home

Work

Mobile

Other

Email

Fax

Proof of Identification Required

We require copies of two forms of identification (valid in the last 3 months)

Please indicate which of the following will be provided:

- | | |
|--|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Bank statement |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Rent Book |
| <input type="checkbox"/> Current vehicle registration document | |

Details of Data Requested

Details of Person or Organisation Requesting the Information (if not the Data Subject)

Name

Organisation

Address

Telephone

Reason for Subject Access Request