



Motan Colortronic Ltd

Data Subject Access Request Form (Request for a copy of Personal Data)

General Data Protection Regulation (GDPR)

Note – please complete this form in BLOCK CAPITALS in blue or black ink

Information about the data subject

Full Name (Capitals):

Address:
.....
.....
.....

Telephone:

Email:

I (full name) wish to make an access request under Articles 12-23 of the General Data Protection Regulation (GDPR).

Details of your request and preferred communication method

Please describe the nature of your request:

Please advise us how you would like to receive this information:

(Tick one box for your preferred option. If both of these are left blank, we will default the option to 'By Post')

By Post

Please state your correspondence address if different from your address as detailed on page 1.

Correspondence Address:

By Email

Only complete if you have selected 'By Email' as your preferred option.

Email Address: _____

Note – please provide a secure email address and confirm that documentation may be provided to you.

I hereby confirm that the above email address is secure, and I consent to information being sent to this address. I acknowledge and accept associated risks with data being transmitted in this format.

Signature: Date:

Print name:

Validation Requirements

In order to process your application, we are required by law to take reasonable actions to verify the identity and residency of the data subject.

Please submit for proof of identity:

(A copy of one of the following)

- Passport (Photo Page Only)
- Birth Certificate

Please submit for proof of residency:

(A copy of one of the following)

- A Utility Bill (dated within the last three months, mobile phone bills are not accepted)
- Letter from a Government body e.g. HMRC, DWP etc.

Authorisation

I _____ (Full name) give my explicit consent for the processing of my personal data in relation to this Data Subject Access Request. This consent includes the processing of any sensitive data categories that may be contained herein or previously provided.

Signature _____

Date _____

Please return this completed form together with associated proof of identity and residency by post to:

Data Protection Department

Motan Colortronic Ltd

Matilda House

Carrwood Road

Chesterfield Trading Estate

Chesterfield

Derbyshire

S41 9QB

Note - Alternatively, the same information can be emailed to dataprotection@motan-colortronic.co.uk. If this method is chosen, please ensure that relevant signatures have been applied and scanned copies of documentation are clear and legible.

Validation Included

Confirm your included documented validation as requested:

Identity:

Passport

Birth Certificate

Residency:

Utility Bill

Government Letter

(Tick the box that applies)