
Subject Access Request Form Policy

Policy Area	Subject Access Request Form Policy (SARF)
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Subject Access Request Form

Introduction

The General Data Protection Regulations (GDPR) 2018 provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorize someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity and address**. Your request will be processed within 30 calendar days upon receipt of a fully completed form with proof of identity and address.

Proof of Identity & Address

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity

Passport, photo driving licence or birth certificate.

2) Proof of Address

Utility bill, bank or credit card statement or Revenue tax document (**no more than 3 months old**).

If you have changed your name, please supply relevant documents evidence of the change.

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

Section 1

Please fill in your details (the data subject) below. If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own details.

Full Name:

Date of Birth:

Address:

Day Time Telephone Number:

Email Address:

I am enclosing the following copy as proof of identity:

Passport ☐ Photo Driving License ☐ Birth Certificate ☐

I am enclosing the following copy as proof of address:

Utility Bill ☐ Bank/Credit Card Statement ☐ Revenue Tax Document ☐

Section 2

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

Please note that if the information you request reveals details directly or indirectly about another person, we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”. However, we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

Section 3

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e., the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> MS <input type="checkbox"/> Miss Other -
Full Name:
Date of Birth:
Address:
Day Time Telephone Number:
Email Address:
I am enclosing the following copy as proof of identity: Passport <input type="checkbox"/> Photo Driving License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> I am enclosing the following copy as proof of address: Utility Bill <input type="checkbox"/> Bank/Credit Card Statement <input type="checkbox"/> Revenue Tax Document <input type="checkbox"/>

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

Data Subject Declaration:

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that torc.CFRC is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Full Name:

Signature:

Date:

OR

Authorized Person – Declaration (if applicable):

I confirm that I am legally authorized to act on behalf of the data subject. I understand that torc.CFRC is obliged to confirm proof of identity/authority and it may be necessary to obtain further information to comply with this subject access request.

What is your relationship to the data subject? (e.g., parent, carer, legal guardian/representative).

Full Name:

Signature:

Date:

I am enclosing the following copy as proof of legal authorization to act on behalf of the data subject:

Letter of authority ☐ Lasting or Enduring Power of Attorney ☐

Evidence of parental responsibility ☐ Other ☐ (give details):

I wish to:

Receive the information by post* ☐ Collect the information in person ☐

View a copy of the information only ☐

Go through the information with a member of staff. ☐

*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

Please send your completed form and proof of identity & address to:

**The MANAGER
Torc.CFRC
Ballyspillane Estate
Killarney
Co Kerry V93 FD1H**

Review

This SAR Form will be reviewed in 3 years or sooner should circumstances change.

Revision History

Revision No.	Approval Date	Document Reference and Changes Made	Name