



DATA SUBJECT ACCESS REQUEST (DSAR) FORM

You can use this form to make a DSAR for information we hold about you, but you do not have to. To help us respond appropriately, please provide as much information as possible and send the form to dataprotection@icf.com. Please ensure you write "Data Subject Access Request" in the subject field of the email.

Enquirer's full name:	
Enquirer's postal address: (including postcode)	
Enquirer's email address:	
Enquirer's telephone number:	
I confirm that I am the person who is the subject of the records I am enquiring about i.e. the "Data Subject"? (please click <u>one</u> answer)	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If you are NOT the Data Subject, I confirm that I have legal responsibility for the Data Subject? (please click <u>one</u> answer)	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If you are the Data Subject or have legal responsibility for the Data Subject whose records you are requesting access to, please tell us:	
The Data Subjects' name related to the Data Subject Access Request:	
What your data concern or area of concern is:	
To what specific information or topic(s) you want access:	
Additional information you think we need to process your request:	
Please tell us where you would like us to send the information if different from above.	
Full name of person to return to:	
Full return postal address: (including postcode)	



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I enclose a photocopy of 2 of the following items and tick on the related items below as proof of identity to receive:

Personal Data:

Proof of Identity:

- login name email address current postal address date of birth

Proof of Address:

- email address utility bill tax bill

Proof of Legal Representation:

- Power of Attorney or Court Order

Sensitive Personal Data:

Proof of Identity and address:

- a valid photo IDs (driver's license, passport, national ID or similar government ID)
- PLUS** one of the following:
 - birth certificate
 - social security or insurance numbers
 - bank or credit card statement (no more than 3 months old).

Proof of Legal Representation:

- Power of Attorney or Court Order

Data Subject Declaration

Please supply the information about Data Subject that I am entitled to under the General Data Protection Regulation or similar data protection laws relating to the area of concern or the information I have specified above. I agree that the reply period will commence when I have supplied sufficient information to enable you to comply with my request.

I consent to the reply being disclosed and sent to: (please tick all that apply)

- me at the return postal address or
- the name of the person to return to and at the return postal address or the email (via secure e-file transfer) I have given above and who I hereby authorized to receive such information or
- the email (via secure e-file transfer) as stated at the top of this form

Signature of data subject (or legal representative)

Date:

Name of data subject (or legal representative of) PLEASE PRINT

We will make every effort to process your subject access request as quickly as possible within the 1-month time limit.

However, if you have any queries whilst your request is being processed, please do not hesitate to contact the Data Protection Team at dataprotection@icf.com should you have any concerns.