

# SYNECTICS SOLUTIONS DATA SUBJECT ACCESS REQUEST FORM

Please complete this form in full to request a copy of information we hold about you on the fraud prevention database operated by Synectics Solutions. This form may be rejected if you fail to complete all relevant sections. Please note that Synectics Solutions can only share records that match the details you have provided on this form.

An email address and contact number must be provided if you request to receive your results electronically.

<u>Section 1: Your Details</u> (use additional sheets where necessary)

	First	First Name			Mic	ddle Name		Surname	
Other Names (If applicable):									
(Other names you have been known by during the last									
6 years e.g. maiden name. Proof of change must be provided)									
	1.								
Email addresses:	2.								
	3.								
Telephone Numl	her(s) use	ad for t	he last	+ 6 vea	rc.	Mohile Number	(c) 1156	d for the la	act 6 vears:
1.	Telephone Number(s) used for the last 6 years: Mobile Number(s) used for the last 6 years:  1.								usi o yeurs.
2.						2.			
3.					,	3.			
Date of Birth:			h 4	h 4					
Current Address:									
Cuitetti Addiess.									
Previous Addresse	es:								
(please provide your p	previous ad	ldresses t	for the l	ast 6 yea	ars)				
Address:	Address:		Ado	dress:		Address:	Addr	ess:	Address:

#### **Section 2: Proof of Identity**

You must include **TWO** proofs of identity, one from list A and one from list B. You should tick the appropriate box on each list to indicate which document you have included.

## **List A:** Enclose a **CLEAR COPY of ONE** of the following documents:

A valid signed passport including photograph					
A valid UK photo-card driving licence (full or provisional) – both sides					
A valid Biometric Residence Permit including Photocard (BRPs)					
Recent evidence of entitlement to a state or local authority funded benefit (including housing benefit and council tax benefit), tax credit, pension, educational or other grant.					
National Identity Card (non-UK nationals)					
A valid (old style) Full Paper Driving Licence					
Identity Card issued by the Electoral Office for Northern Ireland					

**List B:** Enclose a **CLEAR COPY of ONE** of the following types of documents which must be dated within the last 12 months. **It must show your name and current address:** 

## N.B. We reserve the right to request original documentation

Current council tax demand letter or statement (Within the last year)
Utility bill for the supply of gas, electric, water or telephone landline
Current bank statement or credit/debit card statement issued by a regulated financial sector firm in the UK, EU or equivalent jurisdiction)
Local Council Tenancy Agreement currently in force
HMRC or Department of Work and Pensions document
Document from Student Loans Company
Judicial document such as Notice of Hearing, Summons or Court Order
Most recent mortgage statement (Within the last year)

**Important:** Due to the rapidly changing situation relating to Coronavirus, we cannot guarantee when we will receive and issue a response to applications sent via post. We would ask that where possible, applications are sent via email to the below address to avoid delays in receiving your results:

DSAR@synectics-solutions.com							
Response to be issued by:							
Post							
Email							
Please confirm the email address you would like your resul the password to be sent to.	ts to be issued to and the contact number you would like						
Email Address for receipt of results	Mobile Number for password						
•	m, please post this to the below address:  nce Team  Solutions Ltd						
•	× 2700						

**Stoke-On-Trent** 

If you have opted to receive your results by email, you are confirming that you accept responsibility for delivery of your personal data in this way. Please note, if this is a shared email address, Synectics Solutions Ltd cannot accept any responsibility or liability for 3rd party access and/or further dissemination of your personal data. Results will be password

#### **Section 3: Declaration**

By signing this document, you signify that you:

✓ Have read and completed all sections of this form accurately

protected and the password will be shared with your preferred contact number.

- ✓ Have enclosed a copy from list A
- ✓ Have enclosed a copy from list B
- ✓ Are the data subject whose name appears on this form

You are also consenting to the information you provide on this form being stored and processed for the purpose of fulfilling this request.

Signed:									
Date:	D	D	M	M	Υ	Y	Υ	Y	