

Subject Access Request Form

1. DATA SUBJECT DETAILS

Title	Mr. □	Mrs. □	Miss □	Ms. □	Other □
Surname					
First Name(s)					
Current Address					
Telephone number					
Home					
Work					
Mobile					
Email address					
Date of Birth					
Proof of identification provided to confirm name of data subject:					
Details of data requested:					



2. DETAILS OF PERSON REQUESTING THE INFORMATION

Are you acting on behalf of the data subject with their [written] or other legal authority?	Yes		No □		
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)					
Please enclose proof that you are legally authorised to obtain this information					
Title	Mr. □	Mrs. □	Miss 🗆	Ms. □	Other □
Surname					
First Name(s)					
Current Address					
Telephone number					
Home					
Work					
Mobile					
Email address					



DECLARATION

Sort Code: 16-20-30 **A/C No**.: 11277177

	, the signatory and person identified above as the
identified above.	at Cycling UK provide me with the personal data about me
Signature:	Date:
SAR form completed by:	
	, the signatory and person identified at section 2
above, hereby request that Cycl	ing UK provide me with the personal data identified above.
Signature:	Date:
Signature.	bate.
SAR form completed by:	
Please find enclosed the proof	of payment (where applicable):
Cheque	
Oneque	
Postal Order	
Proof of Bank Transfer	
Cycling UK Bank Details: Name of Account: Cyclists Touri	ing Club

Please note: This form must be immediately forwarded to Cycling UK's DPO at: Data Protection Officer, Cycling UK, Parklands, Railton Road, Guildford, Surrey, GU2 9JX