

REQUEST FOR DISCLOSURE OF PERSONAL DATA FORM
(Under Section 29 of the Data Protection Act 1998 – Crime and Taxation)

SECTION 1: Details of the person making the request

1.1 Organisation Requesting Data:	
1.2 Address of Organisation:	
1.3 Person Requesting Data:	
1.4 Job Title / Department	
1.5 Contact Details: - Telephone Number - Mobile: - Email Address:	

Note: Data will not generally be faxed, unless we can be assured that the line is secure and the data will not be accessed by unauthorised personnel.

SECTION 2: Data Subject and Details Required

2.1 Name:	
2.2 Address:	
2.3 Other Identifying Information:	
2.4 Specific Information Required:	

SECTION 3: Disclosure Arrangements

3.1 How would you like to receive the information requested? (Please check)

- by post
- by email
- by hand (*please note that we will require suitable identification*)

3.2 Please indicate the timescale within which the information is required

SECTION 4: Information to Support Request for Disclosure

4.1 Offence / Suspected Offence

Please check () if you are unable to specify offence due to the risk of prejudice to the case

SECTION 4: Information to Support Request for Disclosure (continued)

4.2 Reason Information is necessary:

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4.3 State statutory powers under which you are requesting this information:

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SECTION 5: Certification and Request Approval

5.1 We certify that the data requested above is required for one of the following purposes specified below (please check) , and non disclosure would prejudice this purpose. We also certify that the data supplied by the Group or its operating companies in response to this request will not be used in any way incompatible with that purpose:

- Prevention or detection of crime
- Apprehension or prosecution of offenders
- Assessment or collection of tax, duty or imposition of a similar nature

5.2 We understand that if any of the information on the form is incorrect, we may be committing an offence under Section 55 of the Data Protection Act 1998.

Signed (by requestor):

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Date:

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Authorised Signature:

(by senior manager of requestor)

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Please print name & job title:

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Date:

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ON COMPLETION, please send with supporting papers if necessary to:

**Data Protection Officer,
C/O Company Secretariat
Affinity Sutton
Maple House
157-159 Masons Hill
Bromley
BR2 9HY**

AFFINITY SUTTON GROUP USE ONLY

Information approved for release - YES

- No

Authorised:

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Print Name:

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Job Title:

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Date:

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