**Data Subject Access Request Form – Canine Cadré**

The Data Protection Regulations provides the data subject with a right to receive a copy of data held about them or to authorise someone to act on their behalf.

Please complete this form if you wish to see your data. Your request will be processed within 1 month upon receipt of a fully completed request.

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| Data subject details |
| Name: |  |
| Data of birth: |  |
| Address: |  |
| If this application is being made on behalf of an individual please provide details below: |
| Name of organisation: |  |
| Contact name: |  |
| Email address: |  |
| Relationship to the data subject: |  |
| Enclosed is the following copy of legal authorisation to act on behalf of the data subject: |
| □ Letter of authority | □ Lasting or Enduring Power of Attorney | □ Parental responsibility | □ Other *(give details)* |
| Please provide a description of the information you would like to receive, please be as specific as possible. If you would like to receive specific documents please give details of them here. Please note that if the data request is concerned with a named individual, then they must be the focus of the information requested and not peripheral to it e.g., a person being on a mailing/circulation list would not satisfy the criteria.If you would like advice and assistance before making your request please contact us On 203-269-6906 or 203-234-9288 |
| Description of information requested: |
| **Format of information.** Unless you specify an alternative format in which you would like to receive the information, all documents will normally be sent electronically   |
| □ N/A | □ Audio | □ Braille | □ Large font |
| Email address to send the information  |  |
| **Data Subject Declaration:**I confirm 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 Canine Cadré may need to contact me to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.  |
| Signature |  | Date |  |
| OR |
| **Authorised person – Declaration (if applicable):** I confirm that I am legally authorised to act on behalf of the data subject. I understand that Canine Cadré may need to contact me to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request. |
| Signature |  | Date |  |
| Please send your completed request to info@caninecadre.net |