

MCS Franchise Limited
Subject Access Request Form

The following information is required to help the Company to respond fully to your request. Please complete the information below and return this form by Post to Head Office. Please allow 28 days for a response.

Your details

Title:	
Forename(s):	
Surname:	
Address:	
Telephone number:	
Email:	

Information being requested

Please provide specific details (and any relevant dates) of the information being requested and any additional information that may enable us to locate your personal data.

By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the Company that you are entitled to receive.

Declaration

By signing below, you confirm that you are the Data Subject named in this Subject Access Request Form. You warrant that you are the individual named and will fully indemnify the Company for all losses and expenses incurred if you are not. The Company cannot accept requests in respect of your personal data from anyone else, including members of your family.

Employee Name:	
Signature:	
Date:	