

Under the Data Protection Act 1998 you have the right to see your personal information that we hold about you, for which there is a maximum statutory £10 fee.

Please note in line with the Society's Document Retention Policy if your account(s) closed six or more years ago we no longer hold your data and are unable to supply your personal information.

Please complete the details below to enable us to identify you and your information.

	Account holder 1	Account holder 2
Full name (s) (include any previous known names)		
Current address		
Previously known address(s)		
Contact tel. no. and/or email address		
Date of birth(s)		
Type of account i.e. mortgage, savings, insurance		
Account no(s)		
If the account(s) is closed please advise the closure date		

To help us locate your information quickly please provide as much detail as possible about the type of information required.

Please provide current identification, confirming your signature and current address as per the Society's Identification Criteria in order for your request to be processed. A copy of the Society's Identification Criteria can be obtained upon request by telephoning 01257 235000 or by visiting [www.chorleybs.co.uk](http://www.chorleybs.co.uk).

The Society has a statutory 40 working days to comply with a Data Subject Access Request, this time frame will only commence when the Society is in receipt of this form, the required identification documents, consent documents (if applicable) and the £10 fee. If the above information is insufficient or incomplete to action your request the statutory time frame will be suspended, whilst further information is collated from you.

**Data Subject(s) Declaration :-**

I (we) confirm that I am (we are) the data subject(s) named above and understand that I (we) may not be entitled to information that reveals details concerning another person, either directly or indirectly without their consent. I (we) enclose the required identification and £10 fee.

Signed.....Date ..... Signed.....Date.....

If you are seeking information about someone who is unable to contact the Society directly please provide the Data Subject's written consent and current identification confirming their signature and current address as per the Society's Identification Criteria, or appropriate Court Order or Power of Attorney.

Please complete the details below if you are acting as the representative to the data subject.

Full name/Organisation	
Address	
Relationship to data subject	
Contact tel. no. or email	

**Data Subject Representative Declaration :-**

I confirm that I am acting as the data subject's representative and include the appropriate consent document(s), identification and £10 fee for them. I understand that any information that reveals details concerning another person, either directly or indirectly will not be disclosed without their consent.

Signed ..... Date.....