# SYNECTICS SOLUTIONS DATA SUBJECT ACCESS REQUEST FORM

Please complete this form in full to request a copy of information we hold about you on the fraud prevention database operated by Synectics Solutions. This form may be rejected if you fail to complete all relevant sections. Please note that Synectics Solutions can only share records that match the details you have provided on this form.

An email address and contact number must be provided if you request to receive your results electronically.

### Please use CAPITAL LETTERS

### Section 1: Your Details (use additional sheets where necessary)

	First Nar	ne	Middle Name	Surname
Other Names (		able): In known by during the last 6		
	name. Proc	of of change must be		
	1. 2.			
Email Addresses:	2. 3.			
///////////////////////////////////////				
Telephone Nu	umber(s) u	used for the last 6 years		for the last 6 years:
1. 2.			1. 2.	
2.			2. 3.	
Date of Birth: DD/MM/YYYY				
Current				
Address:				
Previous Addre	esses:			
		s addresses for the last 6 years	;)	
Address:		Address:	Address:	Address:

## Section 2: Proof of Identity

You must include **TWO** proofs of identity, one from list A and one from list B. You should tick the appropriate box on each list to indicate which document you have included.

List A: Enclose a CLEAR COPY of ONE of the following documents:

A valid signed passport including photograph					
A valid UK photo-card driving licence (full or provisional) – both sides					
A valid Biometric Residence Permit including Photocard (BRPs) – both sides					
Recent evidence of entitlement to a state or local authority funded benefit (including housing benefit and council tax benefit), tax credit, pension, educational or other grant.					
National Identity Card (non-UK nationals)					
A valid (old style) Full Paper Driving Licence					
Identity Card issued by the Electoral Office for Northern Ireland					

List B: Enclose a CLEAR COPY of ONE of the following types of documents which must be dated within the last 12 months. It must show your name, current address and company name/logo. Other private information can be redacted should you prefer.

N.B. We reserve the right to request original documentation

Current council tax demand letter or statement (Within the current tax year)
Utility bill
Current bank statement or credit/debit card statement issued by a regulated financial sector firm in the UK, EU or equivalent jurisdiction)
Local Council Tenancy Agreement currently in force
HMRC or Department of Work and Pensions document
Document from Student Loans Company
Judicial document such as Notice of Hearing, Summons or Court Order
Most recent mortgage statement

## Section 3: Named Driver

Please let us know if you have ever been a Named Driver on another person's insurance policy.

If 'yes' please provide us with details of either the policy number or the insurance company.

Please acknowledge that you have the permission of the policy holder to release these details.

We also recommend that the Main policy holder in which you were a Named Driver, submit a Data Subject Access Request.

#### Section 4: Results Response

Response to be issued by (Please pick **ONE** option):

Post

Email [

Please confirm the email address you would like your results to be issued to and the contact number you would like the password we provide to be sent to.

Email Address for receipt of results	Mobile Number for password		

#### Completed forms should be emailed to DSAR@synectics-solutions.com

If you are unable to email your application form, please post this to the below address:

#### Compliance Team Synectics Solutions Ltd PO Box 3700 Stoke-On-Trent ST6 9ET

If you have opted to receive your results by email, you are confirming that you accept responsibility for delivery of your personal data in this way. Please note, if this is a shared email address, Synectics Solutions Ltd cannot accept any responsibility or liability for 3rd party access and/or further dissemination of your personal data. Results will be password protected and the password will be shared with your preferred contact number.

## Section 5: Declaration

By signing this document, you confirm that you:

- ✓ Have read and completed all sections of this form accurately
- ✓ Have enclosed a copy from list A
- ✓ Have enclosed a copy from list B
- $\checkmark$  Are the data subject whose name and details appear on this form
- ✓ Have the permission of the policy holder to provide their details

You are also consenting to the information you provide on this form being stored and processed for the purpose of fulfilling this request.

Signed:									
Date:	D	D	M	M	Y	Y	Y	Y	