

## 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 Name	Middle Name	Surname
Other Names (If applicable): (Other names you have been known by during the last 6 years e.g. maiden name. <b>Proof of change must be provided</b> )			
Email Addresses:	1. 2. 3.		
Landline Number(s) used for the last 6 years: 1. 2. 3.		Mobile Number(s) used for the last 6 years: 1. 2. 3.	
Date of Birth: DD/MM/YYYY			
Current Address (including postcode):			
Previous Addresses: (please provide your previous addresses (including postcodes) for the last 6 years)			
Address:	Address:	Address:	Address:

**Section 2: Proof of Identity (Required)**

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:

<input type="checkbox"/>	A valid signed passport including photograph
<input type="checkbox"/>	A valid UK photo-card driving licence (full or provisional) – both sides
<input type="checkbox"/>	A valid Biometric Residence Permit including Photocard (BRPs) – both sides
<input type="checkbox"/>	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.
<input type="checkbox"/>	National Identity Card (non-UK nationals)
<input type="checkbox"/>	A valid (old style) Full Paper Driving Licence
<input type="checkbox"/>	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.

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

**Section 3: Named Driver**

Please let us know if you have been a Named Driver in the last 6 years 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 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

\*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.

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**

**Section 5: Declaration**

By submitting this application, 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**
- ✓ Are the data subject whose name and details appear on this form
- ✓ Have the permission of the policy holder to release details (where relevant)

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