**Appendix A - Data Subject Access Request**

*Notes for completion*

*You should complete this form to make a DSAR. This means that you are asking SAMS to confirm to you that it holds your personal data, and to obtain access to that data. [The process to deal with a DSAR is contained within the SAMS Membership GDPR Privacy Notice.]*

|  |  |
| --- | --- |
| **Personal details** | |
| Your name |  |
| Your membership number |  |
| Your telephone number |  |
| Your Email address |  |
| Your home address |  |
| **Information sought** | |
| Please use the space below to describe, in as much detail as possible, the information you wish to have access to. If appropriate, please include any dates relevant to the information sought. | |
| **Declaration** | |
| I confirm that I am the SAMS member named above and the information requested above is in relation to me. I understand that I may be required to provide evidence to verify my identity. | |
| **Your signature** |  |
| **Date** |  |