**SUBJECT ACCESS REQUEST FORM**

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| --- | --- |
| Name |  |
| Contact Number |  |
| Email |  |
| Address |  |
| Employee Number (if applicable) |  |

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| **By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by Hadden Group that you are eligible to receive.** | |
| Outline Required information |  |
| By signing below, you indicate that you are the individual named above. Hadden Group cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual names and will fully indemnify us for all losses, cost and expenses if you are not.  Please return this form to Amanda Cramb, HR Manager.  Please allow 28 days for a reply. | |
| Data Subject’s Signature |  |
| Date |  |