**Individual Rights Request Form**

**Application to exercise your Individual Rights regarding the way the Financial Services Compensation Scheme Limited (FSCS)** **holds your personal data**

|  |
| --- |
| **Your Individual Rights**Subject to certain exceptions, you have various rights regarding the way FSCS holds personal data. If you wish to exercise these rights, please select the relevant option.How would you describe your relationship with the FSCS?[ ]  I am a consumer[ ]  I represent a consumer[ ]  I am a former employee of the FSCS  Tell us what you would like to do:[ ]  I would like to know what personal data the FSCS processes about me [ ]  I would like the FSCS to update/rectify records held about me [ ]  I would like the FSCS to delete or stop using my personal dataAs per our privacy policy, the FSCS keeps recordings of calls made to the customer centre for quality purposes. They are kept for up to 9 months. Would you like us to provide you with the call recordings? Please refer to Section 6 to provide more details.[ ]  Yes [ ]  NoPlease complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the FSCS.The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to FSCS. You are not obliged to use this form, but if you do not, please ensure that all necessary information on this form is provided to FSCS.You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply. |

The term “data subject” refers to the person about whom the information is being requested

**\*Please note that all personal data is kept for 7 years.**

**Section 1 – Details of the data subject**

|  |  |
| --- | --- |
| FSCS Claims Reference Number (if known/applicable) |  |
| Title (please tick one) | 🞏Mr 🞏Mrs 🞏Miss 🞏 Ms Other 🞏 (please state)…………………………………… |
| Full Name |  |
| Date of Birth (dd/mm/yyyy) |  |
| Gender | 🞏Male 🞏Female |

|  |  |
| --- | --- |
| Current Address (must NOT be a PO box address) |  |
| Telephone number |  |
| Email address |  |

**\*If you are a former employee please skip to Section 4**

**Section 2 - Are you the data subject?**

|  |  |
| --- | --- |
| 🞏Yes If you are the data subject, please go to Section 4 | 🞏NoIf you are acting on behalf of the data subject, please go to Section 3 |

**Section 3a - Details of the person requesting the information (if different to Section 1)**

|  |  |
| --- | --- |
| Title (please tick one) | 🞏Mr 🞏Mrs 🞏Miss 🞏 Ms Other 🞏 (please state)…………………………………… |
| First Name |  |
| Family Name |  |
| Company (if applicable) |  |
| Address (must NOT be a PO box address) |  |
| Telephone number |  |
| Email address |  |

**Section 3b – Relationship with data subject.**

|  |
| --- |
|  Please describe your relationship with the data subject that leads you to make this request on their behalf: |
|  |

**Section 3c – Authority to release information**

|  |
| --- |
| A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject’s signature below, or provide a separate note of authority. This must be an original signature, not a copy (tip: using blue ink often helps verification).If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of legal guardianship for children under 12 or a power of attorney. I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under the General Data Protection Regulation (Regulation (EU) 2016/679) |
| Signature of Data Subject: ……………………………………………….. | Date: ……………………………………………….. |

**Section 4 – Proof of Identity.**

|  |
| --- |
| In order to prove the data subject’s identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. Please do not send originals.In addition, If you are acting on the data subject’s behalf as a representative (eg CMC/ Solicitor) we will need a letter of authority signed by the data subject confirming that you are their representative. If you are acting on the data subject’s behalf as a personal representative, we will need a letter of authority signed by the data subject confirming that you are their representative. We also need to see evidence of your identity. Please send us two pieces of identification, one from list A and one from list B below. |
| **List A (one from below)** **Passport** – must be valid **Driving Licence** – must be valid**Birth Certificate or Adoption Certificate** – must be valid original or a copy from the General Register Office *(NB we can accept the short version or the full version)* | **List B (plus one from below)** **Bank/Building Society/Credit card** **statement** – Issues to the current address and less than twelve months old **Pension/Endowment/ISA** **statement** – Issues to the current address and less than twelve months old **Utility Bill** **(not mobile phone or TV Licence)** - Issues to the current address and less than twelve months old**Council tax** **bill/Mortgage statement** - Issues to the current address and less than twelve months old  |

**Section 5 – Details of the data required**

|  |
| --- |
| Please provide as much detail as you can about the personal data you are requesting to help us locate it quickly (continuing on a separate sheet if necessary): |
| Are there any specific dates you require this information to relate to? Please state:………………………..………………………..………………………..………………………..………………………..………………..………………………..………………………..………………………..………………………..………………………..…… |  |

**Section 6 – Call recordings**

|  |
| --- |
| In order to help us locate the calls, please provide all phone numbers used and, preferably, the dates they were made on: |
| Telephone number(s):Dates: |  |

**Section 7 – Declaration**

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that FSCS may need to obtain further information from me/my representative in order to comply with this request.

**Signature of Data Subject/Representative:………………………..Date:…………………**

Please return the completed form to:

The Data Privacy Officer

FSCS

10th Floor, Beaufort House,

15 St Botolph Street

London

EC3A 7QU

InformationRequest@fscs.org.uk

**Voluntary Information**

|  |
| --- |
| It would be helpful for us to know the reasons for your request, as this information will help us to improve our service (this is voluntary so you don’t have to provide any reason and it will have no bearing on the processing of your subject access request): ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |