**SUBJECT ACCESS REQUEST FORM**

It is not mandatory to use this form but it will help us to give a timely and accurate response to your subject access request under data protection legislation. Please complete the table below and return the form by email (or post) to the Gates Cambridge Trust.

|  |  |
| --- | --- |
| Date |  |
| Title (Mr, Ms, etc.) |  |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Email address |  |
| Preferred response format (email or post) |  |
| Other name(s) by which you have been known (if applicable) |  |
| Relationship to the Trust |  |
| Proof of ID enclosed/attached (ideally send a photocopy/scan of one form of photo ID) |  |
| Description of your request, including information to help us locate the personal data you seek |  |

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| --- |
| Gates Cambridge Trust  Ground Floor, The Warehouse  33 Bridge Street  Cambridge, CB2 1UW |
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| Tel: +44 (0) 1223 338467 |
| Email: dataprotection@gatescambridge.org |