

stormid **Subject access request** (client/supplier)

This form is for any client of, or supplier to, Storm ID Ltd, who wishes to apply for access to personal data held or processed by Storm ID Ltd. Please read the [subject access request policy guidance](#) before completing and submitting this form.

A separate form should be completed for each individual.

This is not a mandatory form. Subject access requests made in other formats will also be accepted, but this form is designed to speed up the process.

A request will be treated as valid even if you have not sent it directly to the addressee designated in this form.

Which sections should I complete?

All sections should be completed.

Where do I send my completed form?

Please send your completed form:

By email to:

dataprotection@stormid.com

Or by post to:

Data Protection Officer
Storm ID Ltd
Leith Assembly Rooms
43 Constitution Street
Edinburgh
EH6 7BG

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Subject Access Request form

Section 1 – About the applicant

Please provide us with the following information about the applicant who is making the subject access request:

First name	
Last name	
Email address we have stored	
Other unique application user specific identifier e.g. username, user ID.	

Section 2 – Details of the information required

This request is for:

- Viewing a copy of the data we hold on the applicant
- An amendment/correction to the data we hold on the applicant
- A portable copy of the data we hold on the applicant (encrypted CSV file)
- A deletion/destruction of the data we hold on the applicant
- An objection to the processing of the data we hold on the applicant

Please provide us with details on the specific data their request pertains to.

For example, they might be requesting a deletion of data, but only a specific part of it rather than all of it.

If they are requesting a portable copy of the data we hold on them, please provide us with details on the specific data they require and a time interval.

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Section 3 – Organisation representative’s details

Please provide information about your organisation’s representative.

Name of representative	
Company Name	
Address	
Postcode	
Email address	

Section 4 – Declaration

The information which I have supplied in this application is correct, and I am the official representative acting on behalf of my organisation. I understand that Storm ID Ltd may need to obtain further information from me/my organisation in order to comply with this request.

Signature of representative:	Date:
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Section 5 – Timescale

If you have specific reasons for requiring the information by a specific date please give details below:

Date required:
Reason (please supply supporting evidence):