## **Stephen** Kinnock **Member** of **Parliament**for **Aberavon**

Surname



## **SUBJECT ACCESS REQUEST FORM**

Current address				
Telephone number				
Email Address				
Details of identification provided to confirm name of data subject*	1. 2.			
Details of data requested				
*Please provide copies of two forms of identification, which can be: passport; driving licence, birth certificate; utility bill (from last 3 months); current vehicle registration document; bank statement (from last 3 months)  IF YOU ARE MAKING THIS REQUEST ON BEHALF OF SOMEONE ELSE (I.E. YOU ARE NOT THE DATA SUBJECT) PLEASE COMPLETE THIS SECTION:				
	_			
Are you acting on behalf or data subject with their write	f the			
Are you acting on behalf o	f the ten or	YES YES		
Are you acting on behalf or data subject with their write other legal authority?  If 'Yes' please state your relationship with the data seed. (e.g. parent, legal guardian or so	f the ten or subject olicitor)	YES YES		
Are you acting on behalf or data subject with their write other legal authority?  If 'Yes' please state your relationship with the data seed. (e.g. parent, legal guardian or so	f the ten or subject olicitor)	YES NO		
Are you acting on behalf or data subject with their write other legal authority?  If 'Yes' please state your relationship with the data is (e.g. parent, legal guardian or so Please enclose	f the ten or subject olicitor)	YES NO		
Are you acting on behalf or data subject with their write other legal authority?  If 'Yes' please state your relationship with the data seed. (e.g. parent, legal guardian or seed.)  Please enclose  Surname	f the ten or subject olicitor)	YES NO		
Are you acting on behalf or data subject with their write other legal authority?  If 'Yes' please state your relationship with the data is (e.g. parent, legal guardian or so Please enclose  Surname  First name(s)	f the ten or subject olicitor)	YES NO		

## **Stephen** Kinnock **Member** of **Parliament**for **Aberavon**

SAR form received:

SAR form completed by:



## **DECLARATION**

IF YOU ARE THE DATA SUBJECT MAKING THIS DECLARATION:	IG THIS REQUEST, PLEASE COMPLETE		
I,, the und	ersigned and person identified overleaf, hereby		
request that Stephen Kinnock MP's Office provide	me with the data about me identified overleaf.		
Signature:			
Date:			
IF YOU ARE MAKING THIS REQUEST OF			
· ·			
I,, the und request that Stephen Kinnock MP's Office provide identified overleaf.			
Signature:			
Date:			
This form should be sent to the Data Protection Officer at Stephen Kinnock MP's Office at Unit 2 Water Street Business Centre, Water Street, Port Talbot, SA12 6LF or emailed to <a href="mailto:stephen.kinnock.mp@parliament.uk">stephen.kinnock.mp@parliament.uk</a>			
For office use			