

**Subject Access Request Form & Representation Mandate**

You have a right to access to your personal information held by us. If you wish to access information about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to request information about other individuals without their consent.

**Please complete this form and send to Corporate Services, Weslo Housing Management, 64-66 North Bridge Street, Bathgate, EH48 4PP**

**1. Personal Details**

Name:			
Present Address:			
Post Code:		Date of Birth:	
Telephone number:			
Length of time at this address:			
If less than two years, please provide previous address:			

**2. Information you wish to Access**

Please specify the information you wish to access:

Housing Allocation		Tenancy information	Specify:
Rent Information		Other:	

Please provide details of any reference numbers - e.g. Rent Reference and Allocation

Reference Numbers

Reference number(s):

**3. CCTV Details**

**Unless this section is completed and a passport size photograph of yourself is attached, no search of data can be made.**

Date footage was recorded:

Where was the camera:		Time - start	Time - finish
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Describe what you expect to see:

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**4. Identity Confirmation**

- Passport    Driving Licence    Other

Confirmed By:

Date:

**5. Declaration**

Declaration:

I request that you provide me with a copy of the personal information about me which you hold and requested above.

I confirm that **I am the Data Subject** and am not acting on behalf of someone else.

Signed:

Date

**This mandate will allow someone to act on your behalf. Please retain a copy of this mandate and produce this mandate, when acting on behalf of the person being represented.**

**1. Details of the person being represented**

**Full Name**  
**Address**  
**DOB**  
**Tel No**  
**Mobile No**  
**Email**

**2. Details of the person acting as representative**

**Full Name**  
**Address**  
**DOB**  
**Tel No**  
**Mobile No**  
**Email**

**3. Declaration to be completed by both parties.**

We certify that the information given on this mandate is true. We understand that it is necessary for you to confirm our identities and that it may be necessary to contact us for further information to allow this mandate to be processed.

We understand that the information contained in this form may be used to update records held by Weslo Housing Management/Weslo Property Management.

Signature ..... Date..... Party being represented

Signature ..... Date..... Representative