

**Data Subject Access Request Form**

The General Data Protection Regulations (GDPR) provides individuals with the right to request a copy of the information that we hold about you. If you wish to be provided with your data, please complete the form below. To process this request, we require proof of identity as a copy that has been certified. Once your request is completed, please post this to us using a recorded delivery service. Upon receipt, we will process your request within 30 working days.

**I. Requester Name (Data Subject) and Contact Information**

Please provide the data subject's information in the space provided below.

First name:
Surname:
Date of birth:
Address (including postcode):
Telephone number:
Email address:

**II. Proof of Data Subject's Identity**

Please provide identification that clearly shows the name, date of birth, and current address of the person the request is about.

Acceptable ID: a photocopy or a scanned image of your passport, birth certificate, or photo identification such as a driver's license. The copy of your identification must be certified by a professional person or someone well-respected in your community ('of good standing'). Please follow the link below for information regarding how to certify a document.

<https://www.gov.uk/certifying-a-document>

**III. Requests Made on a Data Subject's Behalf**

Please complete this section of the form with your name and contact details if you are acting on the data subject's behalf.

First name:
Surname:
Date of birth:
Address (including postcode):
Telephone number:
Email address:

**Proof of Authorised Person’s Identity and Authority to Act**

Please provide identification for the authorised person. The authorised person should provide ID which meets the criteria set out in section II above. This is in addition to the data subject’s identification, which is still required.

Please provide a copy of your legal authority to act. We accept a copy of the following as proof of your legal authority to act on the data subject’s behalf: a written consent signed by the data subject and dated within the last 3 months, a certified copy of a Power of Attorney.

**IV. Information Requested:**

Which right do you wish to exercise?

To help us process your request quickly and efficiently, in the box below, please provide as much detail as possible about the personal data you are requesting access to. Please provide us with the date and time of appointment, what treatment was completed as well as what information you are requesting. Examples of this are medical notes, treatment information, photographs etc.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your request as soon as we have verified your identity and have all of the information we need to locate your personal data.

**V. Signature and Acknowledgment**

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form.

I understand that:

- (1) KLR Aesthetics Ltd must confirm proof of identity and may need to contact me again for further information; (2) my request will not be valid until KLR Aesthetics Ltd receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, KLR Aesthetics Ltd may charge a reasonable fee based on administrative costs.

Print name:
Signature:
Date:

**VI. Authorised Person Signature**

I confirm that I am authorised to act on behalf of the data subject. I understand that KLR Aesthetics Ltd must confirm my identity and my legal authority to act on the data subject's behalf, and may need to request additional verifying information.

Print name:
Signature:
Date:

**How we supply your personal data**

I wish to:

Receive the information in electronic format

Receive the information by post

**Check:**

Have you provided:

- Identification for the data subject that has been certified?
- Identification for the authorised person (if applicable)?
- Proof of authorisation for the authorised person (if applicable)?

Please send your completed form and proof of identity by recorded delivery to:

KLR Aesthetics Ltd  
74 Eccleston Street  
Prescot  
Merseyside  
L34 5QL

**KLR AESTHETICS**

**Once we receive the form fully completed with your proof of identity, your request will be processed within 30 working days.**