

# Data Subject Access Request

## - NHBC Policyholders

### Part 1 - Person that the information relates to (referred to as the 'Data Subject')

#### Part 1(a)

Title (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:
Surname				Forename(s)	
Maiden Name/Former Name (if you were the original purchaser of your property and your name has changed since then)					
Address					
Postcode				Is this address your current address? <i>If no, please complete part 1(b)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

#### Part 1(b)

Please provide current address					
Please provide a copy of ONE of the following as proof of your identity (tick which one applies)				<input type="checkbox"/> Driving licence	<input type="checkbox"/> Passport

### Part 2 - Is the requested information about you (i.e. are you the Data Subject)? please tick which applies

No, go to part 3  Yes, go to Part 4

### Part 3 - Please complete if you are the person acting on behalf of the Data Subject (as given in 1a above)

please fill in the details below

Title (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:
Surname				Forename(s)	
Address					
Postcode					
Please provide a copy of ONE of the following as proof of your identity (tick which one applies)				<input type="checkbox"/> Driving licence	<input type="checkbox"/> Passport
As you need to have legal authority to request the Data Subject's information, please provide a copy of one of the following:				<input type="checkbox"/> Letter of Authority	<input type="checkbox"/> Lasting Power of Attorney
				<input type="checkbox"/> Other (please specify):	
Would you like the information to be sent to:				<input type="checkbox"/> You <input type="checkbox"/> The Data Subject (tick which one applies)	



## Part 4 - Details of information being requested

Buildmark policy number/Claims reference:

In order to help us with your request, please provide details of the information you require:

Please tick all that apply:

- NHBC Claims investigation
- NHBC Resolution reports
- All correspondence between NHBC and 3rd parties which are about you.  
(Please note that you are not entitled to receive all third party data).
- Other (please specify)

## Part 5 - Declaration

I certify that the information provided on this form is true and correct.

(Please print name in block capitals)

Signature

Date

## Part 6 - Completion of Data Subject Access Form

The completed application form and proof of identity (if acting on behalf of the data subject or if your address does not match the Buildmark policy) should be sent to:

Data Protection Officer

NHBC  
NHBC House  
Davy Avenue  
Knowlhill  
Milton Keynes  
MK5 8FP

## Part 7 - Before submitting this form, please check that you have:

- Enclosed proof of authority to act on behalf of the data subject?
- Enclosed proof of your identity if acting on behalf of the Data Subject?
- Given enough details for us to locate the information you want?
- Signed and dated the declaration form?

