

## Data Subject Access Request - IFB

The information you supply or we collect about you may be used by us and our agents for the purposes of prevention, detection and deterrence of insurance fraud.

The easiest way to request the information the Insurance Fraud Bureau (IFB) holds about you is to complete the following Data Subject Access Request.

About you					
Full name:					
Date of birth:	/ /				
Current address:					
Daytime telephone no:					
Email address:					
Gender (please tick):	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Unspecified

Previous name:					
Previous address: (for the last six years)					
Resident from:		To:			
Previous address:					
Resident from:		To:			

\*If you need to add additional addresses, please continue on a separate sheet.

**Supporting Documents**

In order for us to confirm your identity, please provide one form of ID confirming your name and date of birth and another to confirm your address (You are unable to use one form of ID for both). Tick one in each column as appropriate. Photocopies are acceptable, please do not send in originals.

Name and Date of Birth Proof		Name and Address Proof	
Current photo card driving licence		Utility / TV Licence or local authority bill (Utility bill issued within the last 3 months)	
Current signed passport		Bank statement (issued within the last 3 months)	
Original Birth certificate		Mortgage statement (issued in the last year)	
Official ID Card		HMRC letter (issued in the current financial year)	
Shotgun licence		NHS medical card or letter from GP confirming registration at practice	
If you have been known by another name, please also include a copy of one of the following forms of identification. Tick as appropriate.			
Marriage certificate		Deed poll notification	
Decree nisi		Decree absolute	

We will always attempt to verify your identity quickly and with minimum inconvenience to you. However, if we cannot be certain that you are entitled to disclosure of the information you requested, as permitted by the Data Protection Act, we will request further documentation to establish your identity.

**By completing this form, you are authorising IFB to process your data in line with data protection legislation. Requests will be responded to within one month of receipt of all required information and identification.**

Signed:		Date:	/ /
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**Post:** Service Support Team  
IFB DSAR  
Linford Wood House  
6 - 12 Capital Drive  
Milton Keynes  
MK14 6XT

**Email:** [dsars@insurancefraudbureau.org](mailto:dsars@insurancefraudbureau.org)  
**Tel:** 0345 165 2803

How would you like to receive your information? Please select one.	Email:		Post:	
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