

Strictly Private & Confidential (when completed)

Data Protection Ad	ct 201	18											Re	efere	ence	No	: DS	SAR	/IFE	3/	
Thank you for your e Fraud Bureau (IFB). information the IFB m	Com	olete th	e belo															uran	ce		
SURNAME																					
FORENAME																					
OTHER FORNAMES																					
ALTERNATIVE SURNAME																					
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DATE OF BIRTH DD/MM/YYYY						/			/												
CURRENT ADDRE	ESS																				
POST CODE																					
RESIDENT FROM	Л _								_TO										_		
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IFB Data Subject Access Request



RESIDENT FROM	TO	
PREVIOUS ADDRESS		
POST CODE		
RESIDENT FROM	TO	
The IFB is required to confirm your identit	y. Please enclose two of the fo	llowing:

Proof of identity

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		Mortgage / student loan statement (issued in the last year)				
Original Birth certificate		HMRC letter (issued in the current financial year)				
Official ID Card						
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 licence		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.

It is our intention to respond to all requests **within one month** of a valid request being submitted. We may extend the response timeframe by a further two months if the request is considered complex. The intention to extend will be communicated within one month of receipt of the request.





	Signature	of	person	named in	Section	1 abov	ve
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DATE		
RETURN TO		
	Linford Wood House 6-12 Capital Drive	
	Milton Keynes MK14 6XT	
Or:	doors@incurencefroudburgou org	

Or: <u>dsars@insurancefraudbureau.org</u>

Should you have any further queries, please do not hesitate to contact us.

HOW WOULD LIKE US TO RESPOND?

BY EMAIL	BY POST	
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