



AGENT AUTHORISATION FORM

Before completing this form please read the Subject Access Information Pack (Appendix 1).

Any information provided in this form will be used solely for purpose of responding to the request, made by the individual named in section 1, under section 7 of the Data Protection Act 1998 and the GDPR.

Name and Contact Details of the Data Subject

Name	
Address	
Preferred Contact Telephone Number	

I am the above named person and authorise TFA to give the information requested in this application to my agent whose name and address are given below. I may be contacted to verify that I have given this authorisation.

Signature of Data Subject:

Date:

Name and Address of Agent

Name:	
Address:	
Preferred Contact Telephone Number (Day Time):	

What is your relationship with the data subject:	
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I declare that I make this application on behalf of and solely in the interest of the named data subject. To ensure confidentiality I accept that you will be making further enquiries to validate this authorization.

Signature of Agent: Date:

This form should be returned along with a completed Subject Access Request form to:

The Data Protection Officer, TFA, Prudence House, Plymouth PL7 5JX or emailed to compliance@tomfrench.co.uk