

Cello Health Subject Access Request Form

1. Which Cello Health Company are you enquiring about?

2. Are you employed by that company? Yes No

3. If you are employed by that company what position do you hold?

Proof of identify

Please provide your details (i.e. the person requesting the information)

4. Full Name: _____

5. Address: _____

6. Phone Number: _____

7. Email: _____

8. Are you the Data Subject (person the data relates to)? Yes No

If you are the Data Subject, please provide the following:

Copies of either your driving licence or passport or other document showing name and signature, AND

A copy of a recent bill (e.g. credit card bill, bank statement or utility bill) or insurance document showing your name and address

If you are not the Data Subject please provide the following details:

9. Data Subject Name: _____

10. Data Subject Address: _____

11. Data Subject Phone Number: _____

12. Data Subject Email: _____

If you are not the Data Subject please provide:

- Proof that the Data Subject has authorised you to request data on their behalf. A signed letter authorising you to act on behalf of the Data Subject will be sufficient
- Copies of either their driving licence or passport or other document showing name and signature, AND
- A copy of a recent bill (e.g. credit card bill, bank statement or utility bill) or insurance document showing their name and address

If you have parental responsibility for a child and you are asking for information about that child please provide:

- Copies of either your driving licence or passport or other document showing name and signature, AND
- A copy of a recent bill (e.g. credit card bill, bank statement or utility bill) or insurance document showing your name and address, AND
- Evidence that you have parental responsibility for that child (a copy of a birth certificate, letter of authority, etc.)

Scope of Request

13. Please provide a description of the personal data you are requesting and any information you have as to the location of the data. For example, the department and/or office, the project name or number, or the time period relevant to your request.

Locating the Personal Data

14. If you would like a more general search, please note that we search our supplier database if you are a supplier, our Finance Files, Personnel Files and Payroll Department if you are a current or former employee, our CRM systems and Finance Files if you are a current or former client, and our Project Files and Folders and Finance Files if you participated in one of our projects. If there are other files you believe we should search, please advise here.

Declaration

I certify that the information given on this Subject Access Request form is true and that Cello Health may contact me in order to obtain further details about the information requested if this is required.

Signed: _____

Full name: _____

Date: _____

Where to send your request

Please send this completed form to:

Andy Dallas
11-13 Charterhouse Buildings
London
EC1M 7AP

Email: privacy@cellohealth.com.

When will I receive a response?

A response will be sent to you within the statutory time limit of one month following receipt of acceptable proof of identity for the enquirer and the data subject (if different), proof of authorisation and / or proof of parental responsibility (if applicable).