



Ministry of Defence

Data Protection Act 1998 Subject Access Request (SAR) Form



Please write in **BLACK** in **BLOCK CAPITAL LETTERS** inside the boxes.

I am the Data Subject (The person the information is about): ☐

I am acting on behalf of the Data Subject: ☐ Please complete Parts 1, 3 and 4 plus Part 6 if necessary.

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship, what information you require and why it is required. Please note that information relating to someone else will not be disclosed without the data subject's written consent or an appropriate Court Order or Power of Attorney. Accordingly I enclose:

The Data Subject's written consent to disclosure of the information requested at Part 3: ☐

A Court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3: ☐

My relationship to the data subject is:

(Please specify e.g. Doctor/Solicitor/Spouse/Civil Partner/Father/Mother/Brother/Sister)

Part 1 – Data Subject Personal Details

Surname:		Full Forename(s):		Title:	
Service/Staff No:		Rank/Grade:		Date of Birth:	
National Insurance Number:		Contact Tel. No:		E-mail address:	
MoD Service	Civilian: <input type="checkbox"/>	Royal Navy: <input type="checkbox"/>	Date(s) of Joining:	Date(s) of Leaving:	
	Army: <input type="checkbox"/>	Royal Air Force: <input type="checkbox"/>			
	Home Guard (HG) <input type="checkbox"/>	County served in (HG)			

Please provide the address that you want the information sent to plus your daytime telephone number (*if different from above, in case we need to speak to you to discuss your request*). If seeking information on behalf of someone else please provide your full name.

Surname:		Full Forename(s):		Title:	
Address Line 1:		Daytime Telephone:			
Address Line 2:		County:			
Address Line 3:		Postcode:			
Town:		Country:			

Part 2 - What to do next

Please complete Parts 3 and 4 plus Part 6, if necessary, and forward the form (plus written consent and/or court order if acting on behalf of the data subject) to the appropriate address below:

Royal Navy:	RN Disclosure Cell, Mail Point G.2 Room 48, West Battery, Whale Island, Portsmouth, PO2 8DX	DSG:	Data Protection Adviser, DSG Personnel Centre, DSG Sealand, Deeside, Flintshire, CH5 2LS
Army & HG	APC Secretariat, Disclosures 2, Mail point 515, Kentigern House, 65 Brown Street, Glasgow, G2 8EX	Hydrographic Office:	DPA Focal Point, UK Hydrographic Office, Admiralty Way, Taunton, Somerset, TA1 2DN
Royal Air Force:	RAF Disclosures Room 14, Trenchard Hall, RAF Cranwell, Sleaford, Lincolnshire, NG34 8HB	MoD Civilians:	APIS, Defence Business Services, MOD, Oak Level, 0 East, Abbey Wood (North), #6030, Near Filton, Bristol, Bath BS34 8QW
RFA Seafarers:	RFA Pers Ops, Room 13, Mail Point G1, West Battery, Whale Island, Portsmouth, PO2 8DX	Others e.g. the Public	Main Building, 3.F.11, Horse Guards Avenue, Whitehall, London SW1A 2HB
DSTL:	DSTL SDPO, i-Sat B, G01, Bldg 5, DSTL, Porton Down, Salisbury, Wilts, SP4 0JQ	SPVA:	SPVA, Data Protection Team, Room 6303, Tomlinson House, Norcross, Thornton Cleveleys, FY5 3WP

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Part 3 – Information Requested

State clearly the information you require, with dates where known *e.g. my medical records while serving at HMS Centurion 1990-1993*

Please provide as much information as possible to assist us in locating your data

Continue using Part 6, if necessary

Please enter the number of Continuation Sheets used:



The MoD will use the information provided to locate the data sought. Your request will be processed in accordance with Departmental personnel policies under the Data Protection Act 1998.

Part 4 – Declaration by Requestor

Verification of identity is required before your request can be processed:

I enclose as verification of identity a photocopy of my: Passport: ☐ Driving Licence: ☐ Utility Bill: ☐ Other: ☐

I declare that, to the best of my knowledge, the information I have provided on this form is correct.

Signature:

Name in Capitals:

Date:

Part 5 – MoD Use Only

Actioned By:
(Name in Capitals)

Date Received:

SAR Reference No:

Signature:

Date Responded:

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Part 6 – Information Requested Continuation Sheet

Only use this sheet where you have been unable to detail all of the information you are requesting at Part 3.

Name in Capitals:		Service/Staff No:		Date:	
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Please provide as much information as possible to assist us in locating your data

Continue using another Part 6 sheet, if necessary

Continuation Sheet No: