

 Ministry of Defence	<h2 style="margin: 0;">Data Protection Act 2018</h2> <h3 style="margin: 0;">Subject Access Request (SAR) Form</h3>	
--	--	---

Please note, this form should only be used to request information about a living individual.

Please complete in **BLACK** in **BLOCK CAPITAL LETTERS** in the boxes.

- I am the Data Subject (The person the information is about): **OR**
- I am acting on behalf of the Data Subject (Third Party): **Complete Part 2, 3 and 4**

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship with that person, 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:	
Proof of identity for the Data Subject and proof of identity for myself (see Part 4 for details of what is acceptable identification)	
My relationship to the data subject is: (Please specify e.g. Doctor/Solicitor/Spouse/Civil Partner/Father/Mother/Brother/Sister etc)	

Part 1 – Data Subject Personal Details

Surname:		Full Forename(s):		Title:	
Surname while Serving (if different):		Service/Staff No:		Rank/Grade:	
Date of Birth:		National Insurance Number:			
Please provide your daytime telephone number or e-mail in case we need to contact you about your request:					
Daytime Tel. No:		E-mail address:			
Postal Address:					
Postcode:		County:			
MOD Service	Royal Navy: Army: Royal Air Force:	Civilian:	Other: Please provide details:		
	Home Guard (HG): County served in (HG only):	Date(s) of Joining:		Date(s) of Leaving:	

Part 2 – Enquirer's Details (if different from above).

If seeking information on behalf of someone else please also provide your full name. Please also provide the address that you want the information sent to plus your daytime telephone number in case we need to speak to you to discuss the request

Official Sensitive Personal (When completed)

Surname:		Full Forename(s):		Title:	
Postal Address:					
Postcode:		Country:			
Daytime Tel No:					

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	<p>TO ACCOMPANY APPLICATION FORM TO BECOME A MEMBER OF THE UNION JACK CLUB. THE UNION JACK CLUB REQUIRES TO SEE EVIDENCE OF MY SERVICE IN THE ARMED FORCES.</p> <p>THE INFORMATION THAT THEY REQUIRE IS AS FOLLOWS</p> <p>SERVICE NUMBER NAME RANK ON DISCHARGE DATE ENLISTED DATE DISCHARGED REGIMENT (IF EX ARMY) REASON FOR DISCHARGE (IF SERVED LESS THAN 2 YEARS)</p>
---	--



MOD will use the information provided for the purpose of locating the information requested and it will kept securely for a minimum of 2 years in case of further enquiries from you. We recommend that you read the [Personal Information Charter](#) and the [MOD's Privacy Notice](#) in full as they provide more detail on how we manage personal data.

Part 4 – Declaration

Verification of identity is required before your request can be processed. If you have changed your name since your service then proof of this name change will also be required in the form of marriage licence/deed poll certificate etc.

Official Sensitive Personal (When completed)

Please provide:

[1] a copy of your Photocard Driver's Licence **OR**

[2] your current Passport showing photo and signature **AND** a copy of a recent domestic utility bill or official correspondence confirming current home address dated within the last three months.

I enclose as verification of identity a photocopy of my:	Driving Licence:	Passport:	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 – What to do Next

a. If you are ACTIVELY SERVING in the ARMED FORCES:

If you are the Data Subject and still serving in the Armed Forces or a Third Party representing the Data Subject:

- Requests for Health Records should be sent to the Clinical Facility where you are registered for care.
- Other requests (e.g. personnel file) should be sent to the Data Protection Adviser at the Current Unit Admin Office.

For AFPS, AFCS, WPS only: Defence Business Services Mail and Scanning Hub, Tomlinson House, Norcross FY5 3WP
Email: DBSITMS-IA-SAR@mod.gov.uk.

b. If you are a CIVILIAN and ACTIVELY EMPLOYED in the MOD:

If you are the Data Subject and still actively serving in the MOD, send your request to: Defence Business Services Mail and Scanning Hub, Tomlinson House, Norcross FY5 3WP.

Email: DBSITMS-IA-SAR@mod.gov.uk

c. If you are a VETERAN or MOD CIVILIAN exited from service:

If the Data Subject is discharged, or is one of the other categories of requestor, the request should be sent to one of the following addresses together with proof of identity (plus written consent and/or court order/Power of Attorney if you are acting on behalf of the data subject). Requests by email or other means (i.e. social media) are acceptable but must be accompanied by the relevant documentation.

If you served in the following:	Send your request to this address:
Royal Navy or Royal Marines:	RN Disclosure Cell, Mail Point 1.3, Navy Command Headquarters, Leach Building, Whale Island, Portsmouth, Hampshire, PO2 8BY NAVYSEC-DISCCCELLMAILBOX@mod.gov.uk
Royal Navy Medical Records	RN Service Leavers, Institute of Naval Medicine, Crescent Road, Alverstoke, PO12 2DL NavyINM-RNServiceLeavers@mod.gov.uk
Army or Home Guard:	Army Personnel Centre, Disclosures 2, Mail point 535, Kentigern House, 65 Brown Street, Glasgow, G2 8EX apc-sp-disclosures2@mod.uk
For Army Medical Records (for discharged personnel only):	Army Personnel Centre, Disclosures 3, Mail point 525, Kentigern House, 65 Brown Street, Glasgow, G2 8EX apc-sp-disclosures3@mod.uk
RFA Seafarers:	RFA Pers Ops, Room 13, Mail Point G1, West Battery, Whale Island, Portsmouth, PO2 8DX
Royal Air Force:	RAF Disclosures, Room 15, Trenchard Hall, RAF Cranwell, Sleaford, Lincolnshire, NG34 8HB air-cospers-disclosures@mod.gov.uk
DECA:	Data Protection Adviser, HRBP, DECA Sealand, Welsh Road, Deeside, Flintshire, CH5 2LS

Official Sensitive Personal (When completed)

Service Personnel /Veterans (AFPS, AFCS, WPS only):	Defence Business Services Mail and Scanning Hub, Tomlinson House, Norcross FY5 3WP DBSITMS-IA-SAR@mod.gov.uk
MoD Civilians:	Defence Business Services Mail and Scanning Hub, Tomlinson House, Norcross FY5 3WP DBSITMS-IA-SAR@mod.gov.uk
DSTL:	DSTL SDPO, i-Sat B, G01, Bldg 5, DSTL, Porton Down, Salisbury, Wilts, SP4 0JQ
Hydrographic Office:	DPA Focal Point, UK Hydrographic Office, Admiralty Way, Taunton, Somerset, TA1 2DN
Ministry of Defence Police:	Data Protection Adviser, Bldg 1070, MDP Wethersfield, Braintree, Essex, CM7 4AZ
Defence Infrastructure Organisation	Data Protection Adviser, Chief Information Office, St George's House, Defence Infrastructure Organisation Head Office, DMS Whittington, Lichfield, Staffordshire, WS14 9PY DIOCIO-DPO@mod.gov.uk
Others e.g. if you are a member of the public	MOD HQ SAR Coordinator, G.M. Main Building, Horse Guards Avenue, Whitehall, London SW1A 2HB
If you believe you have been subject to hazardous materials:	Please complete the Special Subject Access Request form instead

Part 6 – For MOD Use Only

Actioned By: <i>(Name in Capitals)</i>		Date Received:		SAR Reference No:	
Signature:		Date Responded:		Disposal Date:	

Part 7: Final Checklist

Have you included everything:

Data Subject's personal details and details of the Data Subject's service:	
Data Subject's Postal Address:	
Your address (if different):	
Have you completed Part 3 of the form:	
Proof of Identity (Data Subject):	
Proof of Identity (if you are acting on behalf of someone else):	
Power of Attorney, Court Order or consent of Data Subject (if appropriate):	
Proof of Change of Name (if appropriate):	
Have you signed the form:	