

# Boroughloch Medical Practice



1 Meadow Place

EDINBURGH

EH9 1JZ

Tel: 0131 229 7529

Dr J. Marshall M.B GMC 3575735

## Subject Access Request

### Section 1 – Applicant Details

<b>Title (please tick one):</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please state):
<b>Forename(s):</b>					
<b>Family Name:</b>					
<b>Previous Family Name:</b>					
<b>Other name(s) known by:</b>					
<b>Date of Birth (dd/mm/yyyy):</b>		<b>Sex:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	(please tick)
<b>Nationality:</b>					
<b>Place of Birth:</b>					
<b>Current Address:</b>					
<b>Postcode</b>					
<b>Daytime Telephone No:</b>					
<b>Email Address:</b>					
<b>Previous Address:</b>					
<b>Postcode:</b>					



## Section 4 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Boroughloch Medical Practice may need to obtain further information from me/my representative in order to comply with this request.

Signature of Applicant:	Date:
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## Section 5 – Representative Details

(If completed Boroughloch Medical Practice will reply to the address you provide in this section)

<b>Name of Representative:</b>	
<b>Company Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Daytime Telephone No:</b>	
<b>Email Address:</b>	

## Section 6 – Proof of the Representative's identity

Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying.

**Please DO NOT send an original passport, driving licence or identity card**

**List A (photocopy of one from below)**

**List B (plus one original from below)**

Passport/Travel Document	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Letter or other bill in the name and current address of the applicant from a third party company / organisation (If in doubt please contact the Practice)	<input type="checkbox"/>

