

Subject Access Request Form – General Data Protection Regulation (GDPR)

Thank you for your enquiry, to enable a search in your name please provide the following information:

1. Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Forename

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Maiden or alternative name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Company name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. GMC/HCPC number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Registered address:

Postcode

MedCo are required to confirm your identity. To do this MedCo require two forms of identification.

Please provide one form of ID confirming your **name and date of birth** and another to confirm **your current address**.

Please note;

- you are unable to use one form of ID for both
- photocopies are acceptable
- do not send in originals

Please enclose one form of identification for each of the following:

Name and Date of Birth Proof	Name and Address Proof
Current photo card driving licence	Utility / TV Licence or local authority bill (Utility bill issued within the last 3 months)
Current signed passport	Current Vehicle registration document
Original Birth certificate	Mortgage / student loan statement (issued in the last year)
Official ID Card	HMRC letter (issued in the current financial year)
If you have been known by another name, please also include a copy of one of the following forms of identification.	If you have been known by another name, please also include a copy of one of the following forms of identification.
Marriage licence	Deed poll notification
Decree nisi	Decree absolute

We will always attempt to verify your identity quickly and with minimum inconvenience to you. However, if we cannot be certain that you are entitled to disclosure of the information you requested, as permitted by the GDPR, we will request further documentation to establish your identity.

How would you like to receive your information? Email: Post:

A reply will be made within one month of receipt of this completed form.

Signature: _____

Date: _____

Return to: **MedCo Registrations Solutions**
Linford Wood House
6 -12 Capital Drive
Milton Keynes
MK14 6XT