



## Subject Access Request to Store First

Please complete this form to help identify you and the information you require.

Name

Address

Telephone Number

Email

Reference Number (If known)

Details of Request (Please provide specifics of the information you require)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please Note -**

**Any request for information under the Data Protection Act 1998 will be responded to within 40 days.**

### Store First

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