

Magpie Life Management Services Ltd  
**Subject Access Request Form**

**Your Details:**

Title:

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Forename(s):

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Surname:

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Address:

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Telephone Number:

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Email Address:

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**Information Being Requested**

Please provide specific details (along with the relevant dates) of the information being requested and any additional information that may help us to locate your personal data and to confirm your identity.

By completing this form, you are making a subject access request under the GDPR for personal data collected, processed, and held about you by us that you are entitled to receive.

**Declaration**

By signing below, you confirm that you are the data subject named in this [Subject Access Request Form](#). You warrant that you are the individual named and will fully indemnify Magpie Life Management Services Ltd for all losses and expenses incurred if you are not. We cannot accept requests in respect of your personal data from anyone else, including members of your family.

Name:

Signature:

Date:

