

NES Health Subject Access Request Form

Important Information

NES Health Limited collects, holds, and processes certain personal data about our customers and their clients ("data subjects"). As a data subject, you have a legal right, under EU Regulation 2016/679 General Data Protection Regulation ("GDPR") to find out about our use of your personal data as follows:

- Confirmation that your personal data is being processed by us;
- Access to your personal data;
- How we use your personal data and why;
- Details of any sharing or transfers of your personal data;
- How long we hold your personal data;
- Details of your rights under the GDPR including, but not limited to, your rights to
 withdraw your consent to our use of your personal data at any time and/or to object to
 our processing of it.

No fee is payable under normal circumstances. We reserve the right to charge a reasonable fee for requests that are manifestly unfounded, excessive, or repetitive. Such charges will be based only on the administrative cost that we will incur in order to respond.

Please complete the required information and return it to us by email or by post addressed to:

Data Protection Officer, NES Health Limited, East House, Braeside Business Park, Sterte Avenue West, Poole, Dorset, BH15 2BX, United Kingdom **or** dataprotection@neshealth.com.

You do not have to use this form and may instead write to us using the same contact details.

After receiving your subject access request, we may contact you to request additional supporting information and/or proof of your identity. This helps us to safeguard your privacy and personal data.

We will respond to all subject access requests within one month of receipt and will aim to provide all required information to you within the same period. If we require more information from you, or if your request is unusually complicated, we may require more time and will inform you accordingly.

If you are making a subject access request on someone else's behalf, please contact the NES Health Data Protection Officer at Data Protection Officer, NES Health Limited, East House, Braeside Business Park, Sterte Avenue West, Poole, Dorset, BH15 2BX, United Kingdom or dataprotection@neshealth.com before making your request.



Your Details	
Title:	
Forename(s):	
Surname:	
Address:	
Telephone Number:	
Email Address:	
requested and any addition to confirm your identity. By completing this form, your sonal data collected, preceive. Declaration By signing below, you conducted to the preceive of the prece	etails (along with any relevant dates) of the information being onal information that may help us to locate your personal data and you are making a subject access request under the GDPR for processed, and held about you by us that you are entitled to you warrant that you are the individual named and will fully mited for all losses and expenses incurred if you are not. We cannot ct of your personal data from anyone else, including members of
Name:	
Signature:	
Date:	