## **Schedule 2 (Data Protection Act 2018)** Information Disclosure Request Form (Formally section 29 DPA)

## 1. Requestor

First name(s):		La	st name:					
Job title:				,				
Organisation:								
Address:			<u>م</u> / ر					
4			M					
Postcode:		Te	lephone:					
Email:								
			•					
2. Data subject								
Current details								
First name(s):		La	ıst na <mark>m</mark> e:					
Address:			Τ					
Date of Birth	M							
Other identifying information								

3. Specific information required						
4. Reason for requesting disclosure						
Offence(s)						
Unable to specify offence due to risk of prejudicing the case						
Statutory powers ( Do not cite section 2 of the Data Protection Act)						
Purpose						
State the purpose for requesting disclosure of personal information about the data subject specified in section 2 of this form.						
Select one option						
Prevention or detection of crime						
Apprehension or prosecution of offenders						
Assessment or collection of tax, duty or imposition of a similar nature						

If we hold information how would you like the information to be provided?											
	Electro	onic File (Soft Copy)									
	Collect in person (Proof of identification required when collecting)										
We w	vill notify	you if we d	o not hold in	nformation	or your	reque	est for disclosure is refused				
6. Declaration and authorisation											
The authorising officer must be of the rank of police inspector or higher, or for other 'relevant bodies' a senior officer/director.											
	aration fy that:										
Information requested is compatible with the stated purpose and will not be used in anyway incompatible with that purpose											
Non-disclosure would prejudice the course of jusitice											
I understand information given on this form is correct											
			ny information in the street of the street o	_			ncorrect, I may be committing 2018				
Requestor											
Signe	ed:	43			Date:						
Authorising Officer											
First	name:				Last na	me:					
Job ti	itle:										
Signe	ed:				Date:						

5. Information provision

## Where to send your request

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application. Validity checks may be carried out for compliance. Send this form to:

Email: dataprotection@montgomerytransport.com

## Postal address:

Group Data Security Division
Ballyvesey Group
607 Antrim Road
Mallusk
Newtownabbey
BT36 4RF

Fax: We do not accept faxes