

**DUMFRIES AND GALLOWAY COUNCIL
DATA PROTECTION ACT 1998**

PERSONAL REPRESENTATIVE MANDATE FORM

Personal Details (please print clearly in pen)

Surname: _____ Date of Birth: _____

First Names: _____

Address: _____

_____ Post Code: _____

Phone (day): _____ (eve): _____

Data Subject Declaration

Declaration. To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I certify that the information given on this mandate form is correct. I understand that it may be necessary for the Council to confirm my identity.

I hereby authorise [n/a] :

to make enquiries on my behalf and to access relevant personal data from Dumfries and Galloway Council and other relevant bodies in respect of the following matter:-

Signature

Date

For official use only

Data received		Auth number	PR2003/
Details checked		Copy filed	