Data Subject Access Request Form

The purpose of this form is to ensure that all necessary information to complete your subject access request is provided to CEB. You are not obliged to use this form, but if you do not, you should ensure that all required information on this form is provided. Please note that where the term ‘data subject’ is used it refers to the person about whom the information is being requested.

Section 1 - Details of person requesting the information

First name(s): ……………………………………………………………………………………………………
Last name/family name: …………………………………………………………………………………………
Title: Mr/Mrs/Miss/Ms/Other  Date of birth: ………………………………….
Home address: ……………………………………………………………………………………………………
Post Code: …………………..  Telephone: …………………………………….
Email: ………………………………………...

Section 2 - Details of the data subject

Are you the data subject?
☐ YES: If you are the Data Subject please supply photographic evidence of your identity i.e. driving licence, passport or government issued ID card*. (Please proceed to section 3).
* You may blacken or otherwise redact the passport identification number or ID card number.
☐ NO: Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. Please provide details of the Data Subject (if different to 1):
Full Name……………………………………………………………………………………………………..
Address………………………………………………………………………………………………………..
………………………………………………………………………………………………………………….
Telephone: ……………………………………… Email…………………………………………………….
Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.
………………………………………………………………………………………………………………….
………………………………………………………………………………………………………………….

Section 3 - Please complete the following boxes with as much information as possible to help us locate the information requested

Please tell us what part of CEB you think might hold information about you (e.g. CEB subsidiary located in Germany etc.):

If you require records of a particular type, please specify (e.g. Online Assessment Data/Survey responses):

To help focus our search, please provide as much of the following information (where applicable) used to register on the CEB system as possible:

| Email address: |
| Candidate/User full name: |
| Assessment, Survey or Product name: |
| Date and time of Assessment, Survey or Product: |
| Client/Member name: |
| Session ID / Username: |
| Any other information: |

Please be aware there may be circumstances where CEB is unable to provide the information requested.
For example, where you have taken an assessment, these results may be owned by the party for whom you took the assessment.

Section 4 – Declaration
I confirm that the above information is correct. I understand that it is necessary for the company to confirm my/Data Subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature: ……………………………………………… Date: ………………………………………………….

Note: The period of 40 days in which the organisation must respond to the request will not commence until it is satisfied upon these matters.

Please return your completed Data Subject Access Request Form to:

Email address: dataquestions@cebglobal.com

or by post to:

Within the United States: Outside the United States:
Legal Department Legal Department
CEB Inc. SHL Group Limited, a subsidiary of CEB Inc.
1919 North Lynn Street The Pavilion, 1 Atwell Place
Arlington Thames Ditton, Surrey
VA 22209, United States KT7 0NE, United Kingdom

When you submit your information, along with proof of identity, please let us know if you prefer to receive your information via post or via email.

Documents which must accompany this application:
(1) Evidence of your identity;
(2) Evidence of the data subjects identity (if different from above);
(3) Details of the data which is requested;
(4) Signed declaration.