

SUBJECT ACCESS REQUEST

SECTION 8 DATA PROTECTION ACT (2021 Revision)

Date: _____

If you are making this request on behalf of someone else, please provide documentation authorizing you to do so.

Personal Details of Requestor

Full Name: _____

I prefer to be contacted by: _____ Phone: _____ Email: _____

Mail: _____

Note: Requestor may be required to provide proof of identity

Details of the Business, Organization or Public Authority responding to this request

Name of Business, Organization or Public Authority: _____

Requestor identification within the organization (e.g. account number, etc): _____

Subject Access Request

Check any applicable box:

☐ A description of the personal data held relating to me

☐ The purposes for which it is processed

☐ The recipients or classes of recipients to whom the data is or may be disclosed

☐ Any countries or territories outside the Islands to which the data is or may be transferred

☐ General measures taken for the purpose of complying with the seventh data protection principle of integrity and confidentiality

☐ A copy of my personal data

☐ Description (optional): _____

☐ The source of these personal data

Guidance Notes

Please note that the Business, Organization or Public Authority is required to comply with a subject access request within **30 days, or as prescribed by regulations.**

The Office of the Ombudsman can assist you if you have any questions about making or responding to this request. We can be reached on info@ombudsman.ky, or +1 345 946-6283. You can find guidance at <https://ombudsman.ky/data-protection>