

SUBJECT ACCESS REQUEST

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>