

**SUBJECT ACCESS REQUEST**

Date: \_\_\_\_\_

Use of this form is subject to commencement of the Data Protection Law, which is expected on September 30, 2019.

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](mailto:info@ombudsman.ky), or +1 345 946-6283. You can find guidance at <https://ombudsman.ky/data-protection>