# Data Subject Request Application

| SECTION 1 | PERSONAL INFORMATION OF DATA SUBJECT | | | | |
|---|---|---|---|---|---|
| 1 | **NAME OF DATA SUBJECT** (If you are not the data subject proceed to Section 2) | Last Name<br>Your text here | Middle Name<br>Your text here | First Name<br>Your text here | |
| 2 | **DATE OF BIRTH (DD/MM/YYYY)** | DD/MM/YYYY | 3 **SEX** | ☐ Male ☐ Female | |
| 4 | **CONTACT INFORMATION** | Phone Number | ___ ___ ___ | | |
| | | Email Address | user_name@email.com | | |
| 5 | **ADDRESS**<br>(Please state the address to which correspondence related to your application should be sent) | Street Address: | | | |
| | | Address Line 2: | | | |
| | | City/State/Parish/Postal Code: | | | |
| | | Country: | | | |
| 6 | **MAILING ADDRESS**<br>(if different from primary address) | Street Address: | | | |
| | | Address Line 2: | | | |
| | | City/State/Parish/Postal Code: | | | |
| | | Country: | | | |
| **SECTION 2** | **PERSONAL INFORMATION OF APPLICANT** | | | | |
| 7 | **ARE YOU MAKING THIS REQUEST ON THE DATA SUBJECT'S BEHALF?** | ☐ Yes ☐ No (Please move to Section 3) | | | |
| 8 | **NAME OF APPLICANT**<br>(please provide a signed delegation form or proof of authority to act on data subject's behalf) | Last Name | Middle Name | First Name | |
| 9 | **CONTACT INFORMATION** | Phone Number | ___ ___ ___ | | |

| | | | |
|---|---|---|---|
| | | Email Address | user_name@email.com |
| **9** | **MAILING ADDRESS**<br>(Please state the address to which correspondence related to your application should be sent) | Street Address: | |
| | | Address Line 2: | |
| | | City/State/Parish/Postal Code: | |
| | | Country: | |

## SECTION 3 — YOUR REQUEST

**10**

**I would like to:** (Select all that applies to your request for the above-mentioned data subject)

☐ Be informed whether the personal data of the above mentioned data subject is being processed by and by you or on your behalf.

☐ Be given a description of the:
- Personal data of the above mentioned data subject which is being processed;
- Purpose(s) for which the data is being or are to be processed; and
- Recipients or classes of recipients to whom the data are or may be disclosed;

☐ Be advised of any country(ies) or territory(ies) outside Jamaica to which your data may be transferred.

☐ Obtain the personal data of the above mentioned data subject made available to you and to be advised of the source of the data (if known).

☐ Have the personal data of the above mentioned data subject transmitted to the following Data Controller:

| | |
|---|---|
| Name of Data Controller: | |
| Address of Data Controller: | |
| Telephone: ☐☐☐ — ☐☐☐ — ☐☐☐☐ | Email: user_name@email.com |

| | | | |
|---|---|---|---|
| **11** | **DATE RANGE** (if there is a specific time period for the information for are requesting) | Date From: DD/MM/YYYY | Date To: DD/MM/YYYY |

**12**

Please indicate the format in which you would like the above-mentioned data subject's personal data made available:
- ○ Photocopy
- ○ Electronically (Email)
- ○ Post (Address)
- ○ Other (Please specify): Your text here

**Note: Where a fee is applicable, payment will be required before personal data, the logic involved for automated decision making or personal data transmitted to another Data Controller is made available according to request.**

| | | |
|---|---|---|
| **13** | **PLEASE PROVIDE ANY ADDITIONAL INFORMATION OR DETAILS THAT MAY ASSIST THE ORGANIZATION IN LOCATING YOUR DATA**. (e.g. a form name/number, a reference number, department) | |
| | | |
| **14** | **TODAY'S DATE** | DD/MM/YYYY |
| **17** | **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.** | |
| | **YOUR SIGNATURE** | **18** **YOUR RELATIONSHIP TO THE PERSON IN SECTION 1** (If different from data subject)**:** ○ Father or Mother ○ Natural Or Adoptive Parent ○ Legal Guardian ○ Other Specify |

**THIS SECTION IS FOR INTERNAL USE ONLY**

| | |
|---|---|
| **REQUEST REFERENCE NO:** | ___ — ___ — _____ — ____ |

| **DOCUMENT SUBMITTED** | Data Subject's ID Number | Applicant's ID Number |
|---|---|---|
| ☐ Copy of Passport | | |
| ☐ Copy of Elector ID | | |
| ☐ Copy of Driver's License | | |
| ☐ Delegation Form | | |
| ☐ Proof of Address (e.g. utility bill, bank statement) | | |
| ☐ Other (please specify): | | |

| | | | |
|---|---|---|---|
| Employee Name: | | | |
| Employee Signature: | | Date: | |
| DPO Name: | | | |
| DPO Signature: | | Date: | |