

APPLICATION FOR ACCESS TO PERSONAL DATA

Pursuant to Section 6(2), The Data Protection Act, 2020
& Regulation 3, The Data Protection Regulation, 2024



JAMAICA LTD.

2A MANHATTAN ROAD, KINGSTON 5 (MAIN OFFICE)
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E: dpo@cunacaribbean.com

Reference No:

(For internal Use Only)

Section I - Data Subject Information

1. Name:

Last _____ First _____ Middle _____

2. Date of birth: _____

(Fill in using (MM/DD/YYYY) or use drop down arrow to the right to select date)

3. Sex: Male Female

4. Contact Information: (Please indicate the address to which correspondence related to your application should be sent)

Home: _____ Mailing: _____

Tel: _____

Tel: _____

Email: _____

Other: _____

Section II - Applicant Information

(PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE NOT THE DATA SUBJECT)

5. Name: (If different from data subject) (Print)

Last _____ First _____ Middle _____

6. Contact Information: (Please indicate the address to which correspondence related to your application should be sent)

Home: _____ Mailing: _____

Tel: _____

Tel: _____

Email: _____

Other: _____

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Section III - Response Detail

7. I would like to: (Please check the relevant box(es))

- Be informed whether the personal data of the above-named data subject is being processed by you or on your behalf.
- Be given a description of the:
 - personal data of the abovenamed data subject which is being processed;
 - purpose(s) for which the data are being, or are to be, processed; and
 - recipients or classes of recipients to whom the data are or may be disclosed;
- Have the personal data of the above-named data subject made available to me and to be advised of the source of the data (if known).
- Have the personal data of the above-named data subject transmitted to the following data controller(s):
Name of data controller _____
Address of data controller _____
Telephone: _____ Email: _____
- Be informed of the logic involved in the automated decision which was taken regarding the data subject.

8. I would like to have the personal data of the abovenamed data subject made available in the following format:

- photocopy
- electronically
- other (please specify) _____

ID Number _____ ID Type _____

Signature of data subject/applicant _____

Date _____
(Fill in using (MM/DD/YYYY) or use drop down arrow to the right to select date)

Name of Credit Union/Affinity Group _____

Note: Payment will be required before the personal data is, or the logic involved in an automated decision is, made available or the personal data is transmitted to another data controller