

# APPLICATION FOR RECTIFICATION OF PERSONAL DATA

Pursuant to Section 13(1), The Data Protection Act, 2020 & Regulation 3, The Data Protection Regulation, 2024



2A MANHATTAN ROAD, KINGSTON 5 (MAIN OFFICE)  
T: 876.929.3570-3 | WWW.CUNACARIBBEAN.COM  
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)

<input type="checkbox"/> Home: _____	<input type="checkbox"/> 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)

<input type="checkbox"/> Home: _____	<input type="checkbox"/> Mailing: _____
_____	_____
_____	_____
Tel: _____	Tel: _____
Email: _____	Other: _____

# APPLICATION FOR RECTIFICATION OF PERSONAL DATA

Pursuant to Section 13(1), The Data Protection Act, 2020 & Regulation 3, The Data Protection Regulation, 2024



JAMAICA LTD.

2A MANHATTAN ROAD, KINGSTON 5 (MAIN OFFICE)  
T: 876.929.3570-3 | WWW.CUNACARIBBEAN.COM  
E: dpo@cunacaribbean.com

## Section III - Response Detail

7. I require rectification of the personal data, of the abovenamed data subject, being processed by you, on the basis that the data is/are:

Incomplete

Incorrect

Out of date

Misleading

Other (specify): \_\_\_\_\_

8. The information in respect of which the above claim is being made indicates that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The basis of my claim is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The rectification/s required is/are:

(State the information which would render the data complete, correct, up to date or not misleading.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Please submit any documents/evidence in support of the rectification requested.**

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: \_\_\_\_\_