

# DELEGATION OF RIGHTS & CONSENT FORM

Pursuant to Sections 5 (b)(ii) & 9 (1)(b)(ii), The Data Protection Act, 2020 & Regulation 2 & 6, 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

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 – Delegation & Authorisation

I \_\_\_\_\_, of

(Insert full name of data subject)

\_\_\_\_\_,

(Insert address of data subject)

hereby authorize \_\_\_\_\_ of

(Insert name of person being issued authorization to act)

\_\_\_\_\_ to:

(Insert address of person being issued authorization to act)

Exercise my right [Tick the items that apply]:

of access to my personal data

to prevent processing of my personal data in relation automated decision taking

to rectify any inaccuracy in my personal data

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Give and/or withhold consent regarding [Tick the items that apply]:

- Give Consent Regarding
- Processing of my personal data for all activities
- Processing of my personal data for the purpose of direct marketing
- Processing of my personal data for the following activity/ies:  
(Specify the activity/ies below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Withhold Consent Regarding
- Processing of my personal data for all activities
- Processing of my personal data for the purpose of direct marketing
- Processing of my personal data for the following activity/ies:  
(Specify the activity/ies below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is given in respect of personal data being processed by and on behalf of **CUNA CARIBBEAN INSURANCE JAMAICA LIMITED**

and shall be valid for \_\_\_\_\_ from the date hereof.  
(Insert period of validity)

(Use drop down arrow to select date)

ID Number \_\_\_\_\_

ID Type \_\_\_\_\_

\_\_\_\_\_  
Signature of data subject

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

\_\_\_\_\_  
Signature of Justice of the Peace/  
Notary Public

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

Name of Credit Union/Affinity Group: \_\_\_\_\_