

SUBJECT ACCESS REQUEST

To: The Data Protection Practitioner, Lands & Survey Department

DATE: _____

PERSONAL DETAILS OF REQUESTOR

FULL NAME: _____

I PREFER TO BE CONTACTED BY:

PHONE: _____ EMAIL: _____

MAIL:

I AM MAKING A SUBJECT ACCESS REQUEST FOR:

CHECK ALL THAT APPLIES TO YOUR REQUEST:

- A description of the personal data held relating to me [**please specify details overleaf*]
- 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 may be transferred
- General measures taken for the purpose of complying with the seventh data protection principles of integrity and confidentiality
- A copy of my personal data
Description (optional): _____
- The source of these personal data

IS THIS REQUEST IS ON BEHALF OF SOMEONE ELSE?

- No
- Yes, *If yes, please provide, as appropriate (a) signed documentation of that person's consent or (b) proof of authority to act on that person's behalf*

CONTACT INFORMATION

Phone: +1(345)-244-3420 - Data Protection Practitioner

Email: dpl.lsu@gov.ky

Website: www.caymanlandinfo.ky

Mailing Address:
Data Protection Practitioner
Lands & Survey Department
Government Administrative Building
Box 120, 133 Elgin Avenue
Grand Cayman KY1-9000

See our [Privacy Statement](#)

Important- Privacy Note

The information you provide herein, including personal data, enables us to process your request. We will use the information for that purpose and to deal with any subsequent issues. For information on how Lands & Survey Department processes your personal information, see our Privacy Statement on our [website](#).

DETAILS OF REQUEST

To assist us in locating the data requested, please give a description of the data to which the application relates: *[use additional paper as needed]*

Please outline any additional details, including reference numbers relating to your contact with the Lands and Survey Department that may assist in locating your data

VERIFICATION OF IDENTITY

In order for us to verify your identity, please produce at least 1 of the following original document:

		<i>For official use only</i>	
		<i>Verified</i>	<i>ID Number</i>
<input type="checkbox"/>	Current valid full passport		
<input type="checkbox"/>	Current full driving licence (or learner's permit with photo)		
<input type="checkbox"/>	Current student identity card with photograph		
<input type="checkbox"/>	Current Government Issued ID Card with photograph		

Declaration

I declare that all the details I have provided in this form are true and complete to the best of my knowledge.

Signature of Requester

Date (DD/MM/YYYY):

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