**INTRODUCTION**

Individuals (also referred to as Data Subjects) have a right in accordance with FIG Data Protection Policy and Access to Information Code of Practice 2016, to obtain a copy of personal information held about them.

This form is part of FIG’s ongoing work to improve procedures and move towards best practice in how the government manages personal data. As part of this rollout, the Taxation Office are trialing the implementation of this process in their public facing documents.

The Falkland Islands Government endeavours to respond to your request within 20 working days from receipt of the request and, where necessary, satisfactory proof of identity. The 20 days may be extended if the request is complex but the Government Department will inform you if this applies.

To enable the relevant Government Department to deal promptly with this request please complete this form as accurately as possible. You can post the completed form and identification to: **Data Protection c/o Taxation Office, St Mary’s Walk, PO Box 690** or you can email [general@taxation.gov.fk](mailto:general@taxation.gov.fk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FULL DETAILS OF DATA SUBJECT - the person who the personal information is about** | | | | | | | | | | | | | | | | | | |
| **Title**  (please tick) | **Mr** |  | | **Mrs** |  | **Miss** |  | | | **Ms** |  | | | **Other**  (please  state) | |  | | |
| **Surname / Family Name** | | |  | | | | | | | | | | | | | | | |
| **First name(s)** | | |  | | | | | | | | | | | | | | | |
| **Former / Maiden Names** | | |  | | | | | | | | | | | | | | | |
| **Date of Birth** | | |  | | | | | | | | | | | | | | | |
| **The Data Subject’s current address and postcode** | | |  | | | | | | | | | | | | | | | |
| **Home telephone**  **Number** | | |  | | | | | | **Mobile**  **Number** | | | |  | | | | | |
| **Email address** | | |  | | | | | | | | | | | | | | | |
| **Is the request for your own information or someone else?** (please tick) | | | | | | | | **Own** | | | |  | | | **Someone else** | |  |
| **COMPLETE THE BELOW IF YOU ARE MAKING A REQUEST ON THE BEHALF OF ANOTHER PERSON** | | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | |
| **Email address** | | |  | | | | | | | | | | | | | | |
| **If someone else, what is your relationship to them?** | | | | | | | |  | | | | | | | | | |
| **Which address entered on this form should be used for correspondence?** (please tick) | | | | | | | | **Applicant’s** | | | |  | | | **Data Subject’s** | |  |

**INFORMATION SEARCH AREAS**

To assist the relevant Government Department in searching for your personal information, please provide a description of any information you specifically require. You can also help us to identify your information by providing any reference/account numbers that you have.

|  |  |
| --- | --- |
| **Reference**  e.g. FIG Tax Reference Number | **Description of information or relevant FIG Services**  e.g. Case history, payment records, FIG Tax |
|  |  |

**HOW WE SUPPLY THE INFORMATION TO YOU**

The information will be supplied to you in a permanent format. This will generally be on paper, or electronically via email.

Please indicate if you require the information electronically and confirm the email address to send this to. You should be aware that if the electronic file is too large to email to you, we will contact you to discuss this. FIG is unable to take responsibility for the security of the information when you receive it at that email address.

|  |  |  |
| --- | --- | --- |
| **Electronic format required?** | | Yes/No |
| **Email address** |  | |

**DECLARATIONS**

# DATA SUBJECT’S DECLARATION

The information that I have supplied in this application is correct and I am the person named in the Data Subject section.

|  |  |
| --- | --- |
| **Signed** | **Date** |
|  |  |

**GUARDIAN OR AGENT DECLARATION** (if applicable)

The information that is supplied in this application is correct and I am authorised to act on behalf of the Data Subject.

|  |  |
| --- | --- |
| **Signed** | **Date** |
|  |  |

**Note:** If you are a solicitor or agent appointed by the Data Subject, please attach a signed copy of the

authority to act on the Data Subject’s behalf.

**PROOF OF IDENTITY**

**You must provide a copy (not originals) of official documents** that contain your current name and date of birth. Examples are passport or driver’s licence.

FIG may need to ask for further information to satisfy the identification requirements. Please remember that your request could be delayed if you do not supply identification with the application.

We will need proof of your authorisation to act on behalf of the Data Subject if the application is not for your own personal data.

**GENERAL INFORMATION**

The information on this form will only be used to enable FIG to meet your subject access request. This form will be kept in a secure place for a period of twelve months then destroyed in accordance with the FIG’s internal records retention schedule, unless we are required to keep it longer for a complaint.

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICIAL USE ONLY** | | | |
| **Date received** |  | **Post / Email / in person?** |  |
| **Type of Identification documents provided and checked** (must be a document that include name and date of birth) | |  | |