

# ISLE OF MAN GAMBLING SUPERVISION COMMISSION

*Barrantee Oaseirys Karrooghys Vannin*

## Subject Access Request Form

### Part 1 – About the person requesting information

<b>Title:</b>	
<b>Surname:</b>	
<b>First Name(s):</b>	
<b>Gender:</b>	
<b>Current Address:</b>	
<b>Phone number:</b>	
<b>Email address:</b>	
<b>Date of Birth:</b>	
<b>Your involvement with the GSC:</b>	<i>For example: customer of one of our licensees, staff member of a licensee</i>

### Are you the data subject?

- Yes-** I am the data subject. I enclose my proof of identity. (Skip part 2)
- No –** I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity, as well as my own identity. (Complete part 2)

*These will assist us if we need to get back in touch with you to discuss your application.*

### Part 2- About the data subject

<b>Title:</b>	
<b>Surname:</b>	
<b>First Name(s):</b>	
<b>Gender:</b>	
<b>Current Address:</b>	
<b>Phone number:</b>	
<b>Email address:</b>	
<b>Date of Birth:</b>	
<b>Your involvement with the GSC:</b>	<i>For example: customer of one of our licensees, staff member of a licensee</i>

### Part 3- About the information you have requested

Please note – we do not hold personal data indefinitely. You may not be entitled to see all the information held about you if an exemption under GDPR applies, for example: if it contains data mixed with other individuals’ data, if disclosure would prejudice the exercise of our regulatory functions or is subject to legal privilege. Requests which are manifestly unfounded or excessive will be refused.

**Please give as much information as you can to help us identify the records you are particularly interested in, including details of any specific information you would like to know. Please be aware that this will be the only information which you will be sent under this request.**

**Please provide any additional details that you think may be of use.**

#### **Part 4- Confirming your identity**

**To ensure we are releasing data to the right person, we require you to provide us with proof of your identity and proof of your address. Please supply us with a copy (not the original) of one of both of the following:**

- 1) Proof of identity – passport, photographic driving licence, national identity card
- 2) Proof of address – utility bill, bank statement, credit card statement (no more than three months old); current TV licence, tax document (no more than one year old).

I certify that the information provided in this form is, to the best of my knowledge and belief, correct about the person to whom it relates.

I understand that, as part of this process, the GSC will process the personal information that I have provided.

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

***OR if you are signing this form on behalf of someone else, state who you are signing for:***

**I am signing on behalf of:** \_\_\_\_\_ (print name) and I attach a letter of consent written by the data subject.

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

- I have completed all sections of the form and have described the information I require
- I have provided correct contact details and proof of identity
- I have signed the declaration above

**Please read the guidance notes if you have any questions about this form. Once completed, please return the form by email to: [DPO-GSC@gov.im](mailto:DPO-GSC@gov.im)**

**Or by post to:**

Gambling Supervision Commission  
Ground Floor  
St George's Court  
Myrtle Street  
Douglas  
Isle of Man  
IM1 1ED