PERSONAL INFORMATION ACCESS REQUEST

APPLICATION (FORM)

(This form is intended to be used by individuals who want to request personal information of theirs that is in the control of the Bermuda Bar Association (the "Association")

Request for information:

To process your request, we require the following information

(completion of pages 1 and 2 are required):

Full name:

_____

Address:

_____

Relationship to the Association (e.g. financial member, former member or employee:

FINANCIAL MEMBER ☐ FORMER-MEMBER ☐ EMPLOYEE ☐

Contact telephone #:

_____

Work email:

_____

Personal email:

_____

The Association stores information in a number of databases and files. To enable us to process your request quickly and efficiently, please outline as specifically as possible the information you would like to receive. The Association will begin processing your request as soon as this form is completed and received by the Association Privacy Officer. The Association will make all attempts to respond within 45 days of receipt of your request.

Office location:
2nd Floor, Swan Building
26 Victoria Street
Hamilton HM 12
Bermuda

Mailing address:
P.O. Box HM 125
Hamilton HM AX
Bermuda

Contact us:
Tel: 441-295-4540
Email: bdabar@logic.bm
Website: www.bermudabar.org

Information requested (please be as specific as possible).

This information is associated with the following Association records i.e. membership, accounts, discipline:

1. _____

2. _____

3. _____

4. _____

_____

Consent to receive personal information - please initial one of the three options below.

_____

1. **Hardcopies - Pick up**

I consent for the Association to collect and compile my personal information into a package which I will personally retrieve from the Association office building at a mutually agreed upon day and time.

2. **Electronic copies**

I consent for the Association to release my personal information documents to me via an electronic method such as email and understand the Association is not responsible for any resulting breach of confidentiality that may occur after it is sent.

Requestor Signature: _____

Date of submission: _____

Snail mail Print completed form and a place in an envelope marked "Confidential" and address it as follows: Bermuda Bar Association, 2nd Floor Swan Building, 26 Victoria Street, Hamilton HM 12, Bermuda.

Email Attach completed form to an email addressed to the Privacy Officer, bdabar@bdabar.bm, with the subject line "PIPA Request."

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BERMUDA BAR ASSOCIATION

PERSONAL INFORMATION ACCESS REQUEST FORM

The following fee schedule, for access requests under the Personal Information Protection Act (PIPA), will be applied:

Copying Costs

• No copying charges will be levied for packages with fewer than 25 pages.

• For all packages containing 26 pages or more, a fee of 20 cents per copy will be charged to the requestor for the copying of the 26th page and thereafter.

Staff Time (Location, Retrieval, and Copying of Material)

No charges will be levied for the first hour of staff time. For each hour thereafter, a fee of $75 will be charged for the location, retrieval, and copying of documents.

Maximum Fee

No individual will be charged more than $500 for the above services for any one access-to-personal information request.

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