



MAKING BERMUDA SAFER

Application for Amendment or Annotation of Personal Information held by the Bermuda POLICE Service (BPS)

Section 19 of the Public Access to Information Act, 2010 (PATI)

Guidance Notes – Read Carefully

Your Rights

If you believe that your personal information held in a record by the Bermuda Police Service is incomplete, incorrect or misleading, you have a right to request that the BPS amend that record to remove any inaccuracies.

Manner of Request

A request to amend personal records held by the BPS must be made in writing.

Please complete the following form detailing what you believe the inaccuracy to be. As far as practicable, please also identify the relevant record and provide sufficient information to enable us to address the inaccuracy.

You should enclose any record or document which supports your request for a change.

Please also specify whether you wish to inspect or have a copy of the amended record as specified in Sections 19(7).

Once we have received your request we will acknowledge receipt of your request within five working days.

Fees

No fee is payable for a request to amend personal information held in a record.

Third Party Applications

BPS can only supply your 'personal information' to you. Should you be making an application on behalf of any other person you must provide sufficient proof of your authority to apply for the information, which includes but may not be limited to –

- a) A Power of Attorney;
- b) A court order;
- c) Probate letters of administration; or
- d) Written authority by a next of kin of the person to whom the information relates to apply for and gain access to the information.

ONLY Bermudians or residents of Bermuda have a right to access records under the Act.

Proof of Identity and Verification

The BPS needs to confirm your identity. You must provide an official Government photo identification document (Passport, Driver's Licence, Voters ID Card, etc.) with your application for records. If previous contact with the BPS has been in your maiden / other name, please provide identification in that name (e.g. marriage certificate, deed poll, etc.). We reserve the right to request original documentation in some cases. All original documents will be returned to you. You may also be required to attend in person for verification purposes.

Address Details and Proof of Residence

You are required to provide proof of address and consequently residence in Bermuda. Only a Bermudian or resident of Bermuda may make an application in accordance with *Section 12(1) PATI Act 2010*. To prove residence in Bermuda, please supply copies of the most current utility bill (e.g. Belco, phone, or BDA Gas) in your name.

This is to ensure that we are providing the information to legitimate applicants and guarding against inadvertent improper disclosure to persons not entitled to receive the requested information.

Returning this Application

The completed form AND proof of identity / address must be received by the BPS Information Officer. If delivering the application or sending it by post please mark it clearly:

**ATTENTION: Information Officer
Public Access to Information Unit (PATI)
Bermuda Police Service
10 Headquarters Hill
Devonshire DV 03**

If you wish to send the application along with proof of identity electronically, please send it to **The BPS Public Access to Information Unit** email: **pati@bps.bm**

Section 1	About Yourself	Bermudian <input type="checkbox"/>	Resident of Bermuda <input type="checkbox"/>
Surname / Family Name:			
First Name(s):			
Maiden / Other Name(s):			
Title: (Mr, Mrs, Ms, Dr, Other)		Date of Birth: (DD-MMM-YYYY)	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Residential Address: (Include Postcode – must NOT be a PO Box address) This is the address to which all replies will be sent and must be the address you currently live at.			
Alternative Delivery Address: (Only to be completed if information is to be delivered to an address different to the above and must be provided at time of making original application - This may be a PO Box.)			
Preferred Telephone No's.*	1:	2:	
Preferred Email Address*	1:	2:	
* Not mandatory, but these will assist us if we need to get back in touch with you to discuss your application			
Previous Addresses: (If you have lived at the above address(es) for less than ten years please give your previous addresses (including dates) for that period.			

Section 2	BPS Specific Request for Amendment
<p align="center">BPS Service Case</p>	<p>If you wish to have personal information held in a record by the BPS amended, please supply additional details in the boxes below to help us find any information that may be held about you.</p> <p>Please note, a failure to provide sufficient information as listed below will result in your application being rejected and returned to you.</p> <p>Please continue on a separate sheet if you need to expand on any of the questions detailed below or describe the specific information you require.</p>
<p>Were you: (Please cross (x) relevant boxes)</p>	
<p>A victim / informant / witness</p>	<input type="checkbox"/>
<p>Arrested / convicted / charged for an offence</p>	<input type="checkbox"/>
<p>A member of BPS staff</p>	<input type="checkbox"/>
<p>Please specify exactly what information you require to be amended (e.g. Crime Report).</p>	
<p> </p>	
<p>What happened to cause you to have contact with the police?</p>	
<p> </p>	
<p>When did this happen? (Please supply approximate dates if you cannot be certain)</p>	
<p> </p>	
<p>Where this did happen and how was it reported?</p>	
<p> </p>	
<p>Relevant reference number(s) i.e. Crime Reference, Event Reference, Custody Reference, Incident No.</p>	
<p> </p>	
<p>If you have previously made an amendment request to the BPS please provide your previous reference numbers.</p>	
<p> </p>	

How do you wish to be notified of the amendment: (Please cross (x) relevant boxes)	<input type="checkbox"/>	Return to me via email.
	<input type="checkbox"/>	Post to my address.
	<input type="checkbox"/>	I wish to inspect it.

Section 3	Declaration (to be signed by the applicant)
------------------	--

- I have read and understood the Guidance Notes
- The information, which I have supplied in this application, is correct, and I am the person to whom it relates
- Enclosed original signed letter of authority or Power of Attorney if applicable
- Enclosed proof of identity

Signature:	Date: (DD-MMM-YYYY)
-------------------	-------------------------------

Warning - A person who impersonates another or attempts to impersonate another may be guilty of an offence. Your signature must match the one provided with your submitted identification documents. Applications will be rejected where signatures do not match.

Should any advice or guidance be required in completing this application, please contact:

The BPS Public Access Office Email: pati@bps.bm Tel: 441 295 0011 (Mon – Fri 8:30 – 4:30pm)

Section 4	For BPS use only
------------------	-------------------------

Check that the form has been completed, is legible and that you are satisfied with the applicant's identity.

Application checked and legible?	Yes	No	Identification documents checked?	Yes	No
PATI Application Number (as recorded in MEMEX):					
Identity document(s)	Driving Licence (No.) _____		Passport (No.) _____		
	Voters ID Card (No.) _____		Other (No.) _____		
Fee paid (if applicable):	\$ _____	Receipt number: _____			
Applicant name:	_____		Officer Department: _____		
Officer name:	_____		Identity documents returned?	Yes	No
Signature:	_____			Received Date: (DD-MMM-YYYY)	_____

