



PLEASE RETURN TO: -

PO Box 37
St Peter Port
Guernsey
GY1 3AZ

PURPOSE OF APPLICATION

Please state the reason for your request and the period required.

SIGNED _____ DATE _____

PERSONAL DETAILS

SURNAME _____ MAIDEN NAME _____

FIRST NAME _____


SOCIAL SECURITY NUMBER

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DATE OF BIRTH

Day	Month	Year
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ADDRESS _____

 The Policy and Resources Committee will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed by the States of Guernsey can be found at www.gov.gg/revenueservice or alternatively you may contact us on 705700 and request a paper copy.

FOR OFFICE USE ONLY

PREPARED	DATE	CHECKED	DATE