

ANNEXURE A:

PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:

Name	
Contact Number	
Email Address:	

Please be aware that we may require you to provide proof of identification prior to processing your request.
There may also be a reasonable charge for providing copies of the information requested.

A. Particulars of Data Subject

Name & Surname	
Identity Number:	
Postal Address:	
Contact Number:	
Email Address:	

B. Request

I request the organisation to:

- | | |
|--|--------------------------|
| (a) Inform me whether it holds any of my personal information | <input type="checkbox"/> |
| (b) Provide me with a record or description of my personal information | <input type="checkbox"/> |
| (c) Correct or update my personal information | <input type="checkbox"/> |
| (d) Destroy or delete a record of my personal information | <input type="checkbox"/> |

C. Instructions

D. Signature Page

Signature
Date