

- i. Documentary evidence in support of this request may be required.
- ii. Where the space provided for in this Form is inadequate, submit information as an annexure
- iii. All fields marked as \* are mandatory

**A. DETAILS OF THE DATA SUBJECT**

(This section is to provide the details of the Data Subject)

Name\* \_\_\_\_\_

ID/Passport Number\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_

Email Address \_\_\_\_\_

(Provide the following details where making a request on behalf of a minor or a person who has no capacity)

Name\* \_\_\_\_\_

Relationship with the Data Subject\* \_\_\_\_\_

Contact Information\* \_\_\_\_\_

**B. DETAILS OF THE PERSONAL DATA REQUESTED**

Please describe the personal data being requested:

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**MODE OF ACCESS**

I would like to: (check all that apply)

- Inspect the record
- Listen to the record
- Have a copy of the record made available to me in the following format:
  - **Photocopy** (Please note that copying costs will apply)  
number of copies required: \_\_\_\_\_
  - **Electronic**
  - **Transcript** (Please note that transcription charges may apply)
  - Other (specify) \_\_\_\_\_

**C. DELIVERY METHOD**

Collection in person

**By mail** (provide address where different / in addition to details provided above)

Town/City: \_\_\_\_\_

**By email** (provide email address where different / in addition to details provided above):

**DECLARATION**

Note any attempt to restrict or object personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is true.

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_