

- 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 REQUEST**

Please transfer a copy of my personal data to \* \_\_\_\_\_

By either:

■ Emailing a copy to them at \_\_\_\_\_

■ Mailing to: \_\_\_\_\_

■ Other (specify) \_\_\_\_\_

**DECLARATION**

Note, any attempt to port personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is true

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