

REQUEST FOR RESTRICTION, OBJECTION OR CONSENT WITHDRAWAL FOR THE PROCESSING OF PERSONAL DATA



- i. A documentary evidence in support of the objection 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. NATURE OF REQUEST

Mark the appropriate box with an "x". Request for:

RESTRICTION OBJECTION CONSENT WITHDRAWAL

B. 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* _____

C. REASONS FOR THE REQUEST

Please provide detailed reasons for the restriction, objection or consent withdrawal:

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: ____ / ____ / ____