

ANNEXURE C – PERSONAL INFORMATION REQUEST FORM

PLEASE SUBMIT YOUR COMPLAINT 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 be a reasonable charge for providing copies of the information requested.

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject	
Unique identifier/Identity number	
Residential, postal, or business address:	
	Code
Contact number(s):	
Fax number/E-mail address:	
B	REQUEST
I request the company to: Mark with x	
Inform me whether it holds any of my personal information	<input type="checkbox"/>
Provide me with a record or description of my personal information	<input type="checkbox"/>
Correct or update my personal information	<input type="checkbox"/>
Destroy or delete my personal information	<input type="checkbox"/>
C	INSTRUCTIONS

Signed at _____ this _____ day of _____ 20____

Signature of data subject/designated person