ANNEXURE A: PERSONAL INFORMATION REQUEST FORM

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 (b) Provide me with a record or description of my personal information (c) Correct or update my personal information (d) Destroy or delete a record of my personal information C. Instructions D. Signature Page Signature Date