

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	<input type="checkbox"/>
(b) Provide me with a record or description of my personal information	<input type="checkbox"/>
(c) Correct or update my personal information	<input type="checkbox"/>
(d) Destroy or delete a record of my personal information	<input type="checkbox"/>

C. Instructions

D. Signature Page	
Signature	
Date	