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 FSP 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