

Request for Data Portability

Note:

- i. All fields marked as * are mandatory
- ii. Documentary evidence in support of this request may be required
- iii. Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECT

Name*: Phone Number*:

Identity Number*: E-mail Address*:

Provide the following details where making a request on behalf of a minor or a person who has no capacity

Name*: Relationship to Data Subject*:

Phone Number*: E-mail Address*:

DETAILS OF THE REQUEST

Please transfer a copy of my personal data to: *

By either:

Emailing a copy to the them at:

Mailing to:

Other (Specify)

DECLARATION NOTE: (Any attempt to access personal data through misrepresentation may result in prosecution)

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature: Date:

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