

**REQUEST FOR ACCESS TO PERSONAL DATA**

<b>A. DETAILS OF THE DATA SUBJECT</b>			
Name:*			
ID/Passport No.:		Phone number:*	
<b>B. DETAILS OF THE PERSONAL DATA REQUESTED</b>			
<i>(Describe the personal data requested)</i>			
_____			
_____			
_____			
_____			
_____			
_____			
<b>C. MODE OF ACCESS</b>			
<i>I would like to: (check all that apply)</i>			
<input type="checkbox"/> Inspect the record			
<input type="checkbox"/> Listen to the record			
<input type="checkbox"/> Have a copy of the record made available to me in the following format:			
<input type="checkbox"/> Photocopy (Please note: copying costs will apply) Number of copies required: ____			
<input type="checkbox"/> Electronic			
<input type="checkbox"/> Transcript (Please note that transcription charges may apply)			
<input type="checkbox"/> Other (specify)			
.....			
.....			
.....			
<b>D. DELIVERY METHOD</b>			
<input type="checkbox"/> Collection in person			
<input type="checkbox"/> By registered mail (provide full address where different / in addition to details provided above)			
.....			
.....			

By e-mail (provide email address where different / in addition to details provided above):

.....

#### DECLARATION

Note that any attempt to access personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is true

Signature	Date

#### Notes:

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

## REQUEST FOR RECTIFICATION

<b>A. DETAILS OF THE DATA SUBJECT</b>			
Name:*			
ID/Passport No.*		Phone number:*	
<b>Proposed changes</b>			
	<i>Personal data to be corrected e.g. name, residential status, and mobile number, email address.</i>	<i>Proposed change</i>	<i>Reason for the proposed change</i>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

<b>B. DECLARATION</b>	
<p>Note any attempt to access personal data through misrepresentation may result in prosecution.</p>	
<input type="checkbox"/>	<p>I certify that the information given in this application is true</p>
Signature	Date

Notes:

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

## REQUEST FOR ERASURE OF PERSONAL DATA

<b>A. DETAILS OF THE DATA SUBJECT</b>			
Name:*			
ID/Passport No.:		Phone number:*	
<b>B. REASON FOR ERASURE REQUEST</b>			
<i>(Tick the appropriate box)</i>			
a) Your personal data is no longer necessary for the purpose for which it was originally collected;			<input type="checkbox"/>
b) You have withdrawn consent that was the lawful basis for retaining the personal data;			<input type="checkbox"/>
c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;			<input type="checkbox"/>
d) The processing of your personal data has been unlawful			<input type="checkbox"/>
e) You feel we are subject to a legal obligation of a Member State that requires the erasure of your personal data.			<input type="checkbox"/>
f) Required to comply with a legal obligation.			<input type="checkbox"/>
<b>C. PERSONAL DATA TO BE ERASED</b>			
Describe the personal data you wish to have erased. Please provide any relevant details you think will help us to identify the information.			
<div style="border: 1px solid black; min-height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> </div>			

Please note that, in certain circumstances, where erasure would adversely affect the freedom of expression, contradict a legal obligation, act against the public interest in public health, act against the public interest in scientific or historical research, or prohibit the establishment of a legal defence or exercise of other legal claims, a request may be declined and given full reasons for that decision.

#### **D. DECLARATION**

Note, any attempt to port 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

**Notes:**

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

## REQUEST FOR DATA PORTABILITY

<b>A. DETAILS OF THE DATA SUBJECT</b>			
Name:*			
ID/Passport No.:		Phone number:*	
<b>B. DETAILS OF THE REQUEST</b>			
<p>Provide any relevant information that will help us identify and specifically locate your personal data.</p> <p>Please transfer a copy of my personal data to*</p> <div style="border: 1px solid black; height: 30px; margin: 10px 0;"></div> <p>By either</p> <ul style="list-style-type: none"> <li>• Emailing a copy to them at <div style="border: 1px solid black; width: 400px; height: 30px; display: inline-block; vertical-align: middle;"></div></li> <li>• Registered mail to <div style="border: 1px solid black; width: 400px; height: 30px; display: inline-block; vertical-align: middle;"></div></li> <li>• Others <i>(Please specify)</i></li> </ul> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>			
<b>C. DECLARATION</b>			
<p>Note that, any attempt to port personal data through misrepresentation may result in prosecution.</p> <p><input type="checkbox"/> I certify that the information given in this application is true.</p>			
Signature		Date	
<p><i>Notes:</i></p> <p>(i) <i>Documentary evidence in support of this request may be required.</i></p> <p>(ii) <i>Where the space provided for in this Form is inadequate, submit information as an annexure</i></p> <p>(iii) <i>All fields marked as * are mandatory</i></p>			

**REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA**

<b>A. NATURE OF REQUEST</b>			
Mark the appropriate box with an "x". Request for:			
RESTRICTION	<input type="checkbox"/>	OBJECTION	<input type="checkbox"/>
<b>B. DETAILS OF THE DATA SUBJECT</b>			
Name:*			
ID/Passport No.:		Phone number:*	
<b>C. REASON FOR THE REQUEST</b>			
<i>(Please provide detailed reasons for the restriction or objection)</i>			
<b>D. DECLARATION</b>			
<input type="checkbox"/> I certify that the information given in this application is true			
Signature	Date		
Notes:			
<i>(i) Documentary evidence in support of this request may be required.</i>			
<i>(ii) Where the space provided for in this Form is inadequate, submit information as an annexure</i>			
<i>(iii) All fields marked as * are mandatory</i>			