

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

Note

- 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 * are mandatory.

A. NATURE OF REQUEST (Mark the appropriate box with an "x")

Request for: RESTRICTON

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OBJECTION

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B. DETAILS OF THE DATA SUBJECT

Name*

Identity Number*

Phone 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 with the Data Subject*

Contact Information*

C. REASONS FOR THE REQUEST

D. DECLARATION

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

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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: