

**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

OBJECTION

**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.

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: