

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 | <input type="checkbox"/> |
| (b) Provide me with a Record or description of my Personal Information | <input type="checkbox"/> |
| (c) Correct or update my Personal Information | <input type="checkbox"/> |
| (d) Destroy or delete a Record of my Personal Information | <input type="checkbox"/> |

| C. Instructions | |
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| D. Signature Page | |
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| Signature | |
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| Date | |