

REQUEST FOR DATA PORTABILITY

Fill as appropriate

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 as * are mandatory

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the 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*:

B. DETAILS OF THE REQUEST

Please transfer a copy of my personal data to*:

By either:

- Emailing a copy to them at
- Mailing to:
- Others(Please specify)

C. DECLARATION

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

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I certify that the information given in this application is accurate to the best of my knowledge.

Signature

Date