FORM DPG 4 (r. 11 (2))

REQUEST FOR DATA PORTABILITY

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).....

DECLARATION

Note 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