

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

A. NATURE OF REQUEST

Mark the appropriate box with an "X". Request for :

RESTRICTION 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

(Please provide detailed reasons for the restriction or objection)

D. DECLARATION

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

Signature

Date