

REQUEST FOR DATA PORTABILITY

- 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* _____

ID/Passport Number* _____

Phone Number* _____

Email 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 (specify) _____

DECLARATION

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

I certify that the information given in this application is true

Signature: _____ Date: _____ DD / MM / YYYY