

## REQUEST FOR RECTIFICATION

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\* \_\_\_\_\_

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. PROPOSED CHANGE (S)

	Personal data to be corrected e.g. name, residential status, mobile number, email address.	Proposed change	Reason for the proposed change
1			
2			
3			
4			
5			
6			

### DECLARATION

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

I certify that the information given in this application is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DD / MM / YYYY