

REQUEST FOR RESTRICTION, OBJECTION OR CONSENT WITHDRAWAL FOR THE PROCESSING OF PERSONAL DATA

(i) A documentary evidence in support of the objection 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 CONSENT WITHDRAWAL

B. 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* _____

C. REASONS FOR THE REQUEST

Please provide detailed reasons for the restriction, objection or consent withdrawal:

DECLARATION

Note any attempt to restrict, object or withdraw consent for the processing of personal data through misrepresentation may result in prosecution.

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

Signature: _____ Date: _____