

## PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:

Name and Surname	
Contact Number	
Email Address	

Please be aware that we may require you to provide proof of identification prior to processing your request. There may also be a reasonable charge for providing copies of the information requested.

### A. Particulars of Data Subject

Name and Surname	
Identity Number	
Postal Address	
Contact Number	
Email Address	

### B. Request

I request the Organisation to:

Inform me whether it holds any of my personal information	<input type="checkbox"/>
Correct or update my personal information	<input type="checkbox"/>
Provide me with a record or description of my personal information	<input type="checkbox"/>
Destroy or delete a record of my personal information	<input type="checkbox"/>

### C. Instructions


### D. Declaration

Signature: _____
Date: _____