

| PERSONAL INFORMATION REQUEST FORM | |
|--|--------------------------|
| Please submit the completed form to the Information Officer: | |
| Name | YOLANDI BOTHA |
| Contact Number | 041 – 581 1630 |
| Email Address: | yolandi@donsure.co.za |
| 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 & Surname | |
| Identity Number: | |
| Postal Address: | |
| Contact Number: | |
| Email Address: | |
| B. Request | |
| I request the organisation to: | |
| (a) Inform me whether it holds any of my personal information | <input type="checkbox"/> |
| (b) Provide me with a record or description of my personal information | <input type="checkbox"/> |
| (c) Correct or update my personal information | <input type="checkbox"/> |
| (d) Destroy or delete a record of my personal information | <input type="checkbox"/> |
| C. Instructions | |
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| D. Signature Page | |
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| Signature | |
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| Date | |