

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA**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 * are mandatory.

A. NATURE OF REQUEST (Mark the appropriate box with an "x")

Request for: RESTRICTON

☐

OBJECTION

☐**B. DETAILS OF THE DATA SUBJECT**Name* Identity Number* Phone number* e-mail 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****D. DECLARATION**

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

☐

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature:

Date: