

FIRST SCHEDULE

FORM DPG 1 (r. 7 (2) & (r.8 (2))
 REQUEST FOR RESTRICTION OR OBJECTION
 TO THE PROCESSING OF PERSONAL DATA

Note

- (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

B. DETAILS OF THE DATA SUBJECT

Name:

Identity Number:

Phone number:

E-mail address:

(Your details below where initiating the request for 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 or objection)

D. DECLARATION

I certify that the information given in this application is true

Signature

Date

DPG 2

(r. 9(2))

REQUEST FOR ACCESS TO 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 as * are mandatory*

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the 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*

B. DETAILS OF THE PERSONAL DATA REQUESTED

(Describe the personal data requested)

MODE OF ACCESS

I would like to: *(check all that apply)*

Inspect the record

Listen to the record

Have a copy of the record made available to me in the following format:

photocopy *(Please note that copying costs will apply)*

number of copies required:

electronic

transcript *(Please note that transcription charges may apply)*

Other *(specify)*

C. Delivery Method

collection in person

by mail (provide address where different / in addition to details provided above)

Town/City:

by e-mail (provide email address where different / in addition to details provided above):

DECLARATION

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

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

Signature

Da

FORM DPG 3

(r.10 (2))

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*:

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*

Signature

Date

PROPOSED CHANGE (S)

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

B. 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

FORM DPG 4

(r. 11 (2))

REQUEST FOR DATA PORTABILITY

Note:

(iv) Documentary evidence in support of this request may be required.

(v) Where the space provided for in this Form is inadequate, submit information as an annexure

*(vi) All fields marked as * are mandatory*

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the 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* **B. DETAILS OF THE REQUEST**Please transfer a copy of my personal data to *

By either:

- Emailing a copy to them at

- Mailing to:

- Others *(Please specify)*

DECLARATION

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

I certify that the information given in this application is accurate to the best of my knowledge

Signature

Date

FORM DPG 5

(r.12(2))

REQUEST FOR ERASURE OF PERSONAL DATA

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*

i. DETAILS OF THE DATA SUBJECT

(This section is to provide the 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*

ii. REASON FOR ERASURE REQUEST

(Tick the appropriate box)

(a) Your personal data is no longer necessary for the purpose for which it was originally collected;	<input type="checkbox"/>
(b) You have withdrawn consent that was the lawful basis for retaining the personal data;	<input type="checkbox"/>
(c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;	<input type="checkbox"/>
(d) the processing of your personal data has been unlawful	<input type="checkbox"/>
(e) Required to comply with a legal obligation.	<input type="checkbox"/>

PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

iii. Declaration

Note any attempt to erase 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