

REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA

Note:

- i. 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

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OBJECTION

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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:

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C. REASONS FOR THE REQUEST

(Please provide detailed reasons for the restriction or objection)

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D. DECLARATION

I certify that the information given in this application is true

Signature

Date