

**Request for Restriction or Objection
to the Processing of Personal Data**

Note:

- i. All fields marked as * are mandatory
- ii. Documentary evidence in support of this request may be required
- iii. Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECT

Name*: _____ Phone Number*: _____

Identity 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 to Data Subject*: _____

Phone Number*: _____ E-mail Address*: _____

REASONS FOR THE REQUEST (Please provide detailed reasons for the restriction or objection)

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: _____

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