

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: