



REQUEST FOR DATA PORTABILITY -DPG4

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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:* 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 with the Data Subject:*
Phone number:* E-mail address:

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: