



REQUEST FOR RESTRICTION OR OBJECTION TO THE PROCESSING OF PERSONAL DATA-DPG1

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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:

Phone number:

Identity 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:

Phone number:

E-mail address:

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: