

**PERSONAL INFORMATION REQUEST FORM**

PERSONAL INFORMATION REQUEST FORM	
<b>Please submit the completed form to the Information Officer:</b>	
Name	<b>John Fourie</b>
Contact Number	<b>0861 368 7873</b>
Email Address:	<a href="mailto:informationofficer@dotsure.co.za">informationofficer@dotsure.co.za</a>
Please be aware that we may require you to provide proof of identification prior to processing your request. There may also be a reasonable charge for providing copies of the information requested.	
A. Particulars of Data Subject	
Name & Surname	
Identity Number:	
Postal Address:	
Contact Number:	
Email Address:	
B. Request	
I request the organisation to:	
(a) Inform me whether it holds any of my personal information	<input type="checkbox"/>
(b) Provide me with a record or description of my personal information	<input type="checkbox"/>
(c) Correct or update my personal information	<input type="checkbox"/>
(d) Destroy or delete a record of my personal information	<input type="checkbox"/>
C. Instructions	

<b>D. Signature Page</b>
Signature
Date