

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