

# Munnik Basson Dagama Inc.

*Attorneys*

ANNEXURE A

## PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:

<b>Address to:</b>	The Information Officer
<b>Email Address:</b>	Lourensc@mbd.co.za

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

### D. Signature Page

Signature:

Date: