

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: