



**PERSONAL INFORMATION REQUEST FORM**

<b>Please submit the completed form to the Information Officer:</b>	
<b>Address to:</b>	The Information Officer
<b>Email Address:</b>	<a href="mailto:rivaanm@transactioncapital.co.za">rivaanm@transactioncapital.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.

<b>A. Particulars of Data Subject</b>	
Name & Surname	
Identity Number:	
Postal Address:	
Contact Number:	
Email Address:	
<b>B. Request</b>	
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"/>
<b>C. Instructions</b>	
<b>D. Signature Page</b>	
Signature:	
Date:	