

**ANNEXURE A: PERSONAL INFORMATION REQUEST FORM**

PERSONAL INFORMATION REQUEST FORM	
<b>Please submit the completed form to the Information Officer (RSA) / Data Protection Officer (UK):</b>	
Name	
Contact number	
E-mail address	
<p>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.</p>	
<b>A. Particulars of the Data Subject</b>	
Name & Surname	
Identity number	
Postal Address	
Contact number	
E-mail Address	
<b>B: Request</b>	
I hereby request Axnosis Group to: (tick applicable boxes)	
(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</b>	
Signature:	
Date:	