



PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:	
Address to:	The Information Officer
Email Address:	rivaanm@transactioncapital.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:	