Transaction Capital

# 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 | ☐ |
| (b) Provide me with a record or description of my personal information | ☐ |
| (c) Correct or update my personal information | ☐ |
| (d) Destroy or delete a record of my personal information | ☐ |

| **C. Instructions** |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| **D. Signature Page** |
|---|
| **Signature:** |
| **Date:** |