

(Made under regulation 16(1))

Form No. 5

APPLICATION FOR RECTIFICATION OF PERSONAL DATA**Note:**

- i. Any documentary evidence in support of the application may be attached.
- ii. Where the space provided for in this Form is inadequate, submit information as an Annexure to this Form.
- iii. All parts marked * are mandatory.

A. PARTICULARS OF THE DATA SUBJECT

Name:

Identification Number:

Phone number:

E-mail:

(State below if the data subject is a child or a person with disability)

Name:

Relationship with the Applicant

Contact

Sign:

Date:

PROPOSED RECTIFICATION (S)

	<i>Personal data currently to be rectified Name, physical address, mobile number, etc.</i>	<i>The proposed rectification</i>	<i>Reason for the proposed rectification</i>
1.			
2.			
3.			

B. DECLARATION

I certify that I have read and understood the terms of this Form and confirm that the information given in this application is true.

(Please note that any attempt to gain access to personal data through misrepresentation may result in prosecution.)

Signature:

Date: