

PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:

Name and Surname	
Contact Number	
Email Address	

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 and Surname	
Identity Number	
Postal Address	
Contact Number	
Email Address	

Call 0800 114 711 to anonymously report incidences of fraud at the FAIS Ombud

Fairness in Financial Services: Pro Bono Publico

B. Request

I request the Organisation to:

Inform me whether it holds any of my personal information	<input type="checkbox"/>
Correct or update my personal information	<input type="checkbox"/>
Provide me with a record or description of my personal information	<input type="checkbox"/>
Destroy or delete a record of my personal information in accordance with the Protection of Personal Information Act.	<input type="checkbox"/>

C. Instructions

D. Declaration

Signature: _____

Date: _____