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: