

ANNEXURE A: PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer below:

Name	
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.

Particulars of Data Subject	
Name and Surname	
Identity Number	
Mobile number	
Email address	
Years associated with Cheryl Fisher Occupational Therapists	

Request			
I request Cheryl Fisher Occupational Therapists to:			
<input type="checkbox"/>	Inform me where the Practice 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

Other Notes

Signature	Date
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