

## PERSONAL INFORMATION REQUEST FORM

Please submit the completed form to the Information Officer:

Name	Sandro Geyster
Contact Number	011 991 2000
Email Address	<a href="mailto:legal@integrisure.co.za">legal@integrisure.co.za</a>

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	

### B. Request

I request the organisation to:

- |   |                          |
|---|--------------------------|
| (a) Inform me whether it holds any of my personal information.          | <input type="checkbox"/> |
| (b) Provide me with a record or description of my personal information. | <input type="checkbox"/> |
| (c) Correct or update my personal information.                          | <input type="checkbox"/> |
| (d) Destroy or delete a record of my personal information.              | <input type="checkbox"/> |

### C. Instructions

### D. Signature Page

Signature

Date