

## Personal Information Request Form

Please submit the completed form to the Appointed person.  
 Please be aware that we may require you to provide proof of identification prior to processing your request.  
 There may be a reasonable charge for providing copies of the information requested.

| <b>Appointed Person</b> |  |
|-------------------------|--|
| Full Name               | Lydia Chibinya   |
| Contact Number          | 0214220866   |
| Email Addresses         | <a href="mailto:popi@lifeandbrand.co.za">popi@lifeandbrand.co.za</a> |

| <b>Particulars of Data Subject / Employee</b> |  |
|---|--|
| Full Name                                     |  |
| Identity Number                               |  |
| Postal Address                                |  |
| Contact Number                                |  |
| Email Address                                 |  |

| <b>Details of Request. I hereby request the following:</b>   |  |
|--|--|
| a. Inform me whether Life and Brand Portfolio (Pty) Ltd, alternatively the Responsible party, holds any of my Personal Information. Kindly confirm which Responsible party you are referring to. |  |
| b. Provide me with a record of my Personal Information   |  |
| c. Correct and/or update my Personal Information   |  |
| d. Destroy or delete a record of my Personal Information   |  |
| e. Other. Please provide details below   |  |

| <b>Instructions / details</b> |
|-------------------------------|
|                               |
|                               |
|                               |
|                               |
|                               |
|                               |
|                               |
|                               |

| <b>Signature</b> |  |
|------------------|--|
| Full signature   |  |
| Date             |  |

| <b>For Office use.</b>    |  |
|---------------------------|--|
| Date of request received  |  |
| Decision / Action Taken   |  |
|                           |  |
|                           |  |
|                           |  |
| Date of request completed |  |
| Signature                 |  |