

REQUEST FOR ACCESS TO PERSONAL DATA

A. DETAILS OF THE DATA SUBJECT			
Name:*			
ID/Passport No.*		Phone Number	
B. DETAILS OF THE PERSONAL DATA REQUESTED			
<i>(Describe the personal data requested)</i>			
C. MODE OF ACCESS			
<p><i>I would like to: (check all that apply)</i></p> <p><input type="checkbox"/> Inspect the record Listen to the record</p> <p><input type="checkbox"/> Have a copy of the record made available to me in the following format:</p> <p><input type="checkbox"/> Photocopy (Please note: copying costs will apply)</p> <p><input type="checkbox"/> Number of copies required:</p> <p><input type="checkbox"/> Electronic Transcript (Please note that transcription charges may apply)</p> <p><input type="checkbox"/> Other (specify)</p> <p>.....</p> <p>.....</p> <p>.....</p>			
D. DELIVERY METHOD			
<p><input type="checkbox"/> Collect in person</p> <p><input type="checkbox"/> By registered mail (provide full address where different / in addition to details provided above)</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> By email (provide email address where different / in addition to details provided above):</p>			

DECLARATION

Note that any attempt to access personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is true.

Signature	Date

NOTES:

- i. *Documentary evidence in support of this request may be required.*
- ii. *Where the space provided for in this Form is inadequate, submit information as an annexure*
- iii. *All fields marked as * are mandatory*

***Once filled, kindly scan and send a copy of this form and the relevant annexures to dpo@lintonsbeauty.com**