

**DATA ACCESS AND CORRECTION FORM**

To Officer for Data Access and Correction

Name: (\*Mr./Ms./Miss) \_\_\_\_\_

(As recorded on the identity document)

Identification Number \_\_\_\_\_

(Please either produce the original of the identity document in person for verification or provide copy of the identity document with this Request)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ , \_\_\_\_\_

**Request** (State clearly which requestor's personal data is needed for correction or accessed)

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**I certify that the information provided above is true, correct, and complete.**

(Please tick one of the following boxes)

Yes  No

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

(\*Please delete as appropriate)

***Please be advised that it is voluntary for you to supply to us your personal data. All personal data submitted will only be used for purposes which are directly related to this request.***