



SAWS

PROTECTION OF PERSONAL INFORMATION POLICY

PERSONAL INFORMATION REQUEST FORM

<i>Please submit the completed form to the Information Officer below:</i>	
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 SAWS	

Request	
I request SAWS to:	
	Inform me where the SAWS holds any of my personal information
	Provide me with a record or description of my personal information
	Correct or update my personal information
	Destroy or delete a record of my personal information

Other notes:	
Signature	Date