

**FORM 5
THE DATA
PROTECTION
ACT, 2020.**

**APPLICATION FOR
RECTIFICATION OF PERSONAL
DATA**

Under section 13(1) of the Act

Reference no: (For Internal Use Only)

▶ 1. Data Controller: (Please state the name and address of the data controller to whom the application is being directed)

Name:
Address:

▶ 2. Name of Data Subject: (Print)

Last: First: Middle:

▶ 3. Name of Applicant: (If acting on behalf of a data subject) (Print)

Last: First: Middle:

▶ 4. Date of birth (of data subject):

▶ 5. Sex (of data subject): Male Female

(DD/MM/YYYY)

Address:

▶ 6. Please indicate the address to which correspondence related to your application should be sent

Home: Mailing:
Telephone: Telephone:
Email: Other:

▶ 7. I require rectification of the personal data, of the abovenamed data subject, being processed by you, on the basis that the data is/are:

Incomplete Incorrect Out of date Misleading Other (specify)

▶ 8. The information in respect of which the above claim is being made indicates that:

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▶ 9. The basis of my claim is as follows

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▶ 10. The rectification/s required is/are: (State the information which would render the data complete, correct, up to date or not misleading.)

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Note: Please submit any documents/evidence in support of the rectification requested.

Signature of data subject/applicant: Date:
(DD/MM/YYYY)