

FORM 5 (Regulation 3)
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. Name and address of data controller:

(Please state the name and address of the data controller to whom the request for rectification is being directed).

2. Name of data subject: (Print)

Last First Middle

3. Name of applicant: (If different from data subject): (Print)

Last First Middle

4. Date of birth of data subject

5. Sex of data subject 0 Male 0 Female

6. Address:

(Please indicate the address to which correspondence related to your application should be sent).

Home: Mailing:

Tel: Tel:

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:

0 Incomplete

0 Incorrect

FORM 5 cont'd

0 Out of date

0 Misleading

0 Other (specify):

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

.....

.....

.....

9. The basis of my claim is as follows:

.....

.....

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

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Signature of data subject/applicant

.....

Date