



Personal Information Request Form

Please submit the completed form to the Appointed person.
Please be aware that we may require you to provide proof of identification prior to processing your request.
There may be a reasonable charge for providing copies of the information requested.

Appointed Person	
Full Name	Gregory Whitfield
Contact Number	021 276 5700
Email Addresses	personalinfo@dineplan.com

Particulars of Data Subject / Employee	
Full Name	
Identity Number	
Postal Address	
Contact Number	
Email Address	

Details of Request. I hereby request the following:	
a. Inform me whether Dineplan, alternatively the Responsible party, holds any of my Personal Information. Kindly confirm which Responsible party you are referring to.	
b. Provide me with a record of my Personal Information	
c. Correct and/or update my Personal Information	
d. Destroy or delete a record of my Personal Information	
e. Other. Please provide details below	

Instructions / details

Signature	
Full signature	
Date	

For Office use.	
Date of request received	
Decision / Action Taken	
Date of request completed	
Signature	