ACCESS TO DATA REQUEST FORM

This Form shall be completed by data subjects seeking information relating to their standing at Zamara. The Company shall endeavor to respond promptly upon receipt of this written request.

You will be required to provide us with proof of your identity by enclosing the copies of any of the following documents; Birth Certificate, National Identification Card or Passport.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request quickly.

1. Data Subject's Details

First Name	
Middle Name	
Surname/ Last Name	
Postal Address	
Mobile Number	
Email Address	
2. I am requesting this	data (tick where appropriate):
☐ as the data subject it re	lates to;
	ubject this information relates to.
3. Requested by: (fill on	
First Name	
Middle Name	
Surname/ Last Name	
Postal Address	
Mobile Number	
Email Address	
Purpose of Request	1. To
	2.
4. Details of informatio	n sought:

The personal information provided on this form is protected under the provisions of the Access to Information Act and the Data Protection Act 2019.

	5.	Purpose of the request
		to request an update or modification to request for erasure, deletion or withdrawal other reasons (explain)
	6.	Method of access preferred (tick where appropriate)
		copies of documents examine copies of documents scanned copy of document in the possession of Zamara
	7.	If you want information about any of the following, (tick where appropriate)
		why we are processing your personal data to whom your personal data is disclosed the source of your personal data
	8.	As proof of my identity, I have enclosed a copy of my: (tick where appropriate)
		Birth Certificate National Identification Card Passport
Sig	natu	re Date