



KABARAK UNIVERSITY

Request for Erasure of Personal Data

Note:

- i) All fields marked as * are mandatory
- ii) Documentary evidence in support of this request may be required
- iii) Where the space provided for in this Form is inadequate, submit information as an annexure

DETAILS OF THE DATA SUBJECT

Name: * Phone Number: *

Identity Number: * E-mail Address: *

Provide the following details, where making a request on behalf of a minor or a person who has no capacity

Name: * Relationship to Data Subject: *

Phone Number: * E-mail Address: *

REASON FOR ERASURE REQUEST (Tick the Appropriate checkbox)

You have withdrawn consent that was the lawful basis for retaining the personal data: ☐

Your personal data is no longer necessary for the purpose for which it was originally collected ☐

You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing ☐

The processing of your personal data has been unlawful ☐

Required to comply with a legal obligation ☐

PERSONAL DATA TO BE ERASED (Describe the personal data you wish to have erased)

DECLARATION NOTE: (Any attempt to access personal data through misrepresentation may result in prosecution)

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature: Date: