



## KABARAK UNIVERSITY

### Request for Data Portability

**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: \*

#### DETAILS OF THE REQUEST

Please transfer a copy of my personal data to: \*

Details of the personal data requested: \*

**By either:**

Emailing a copy to them at:

Mailing to:

Other (Specify):

**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: