



Application Form for Data Access (Subject Access Request)

Request for Access to Data under the POPIA

Before completing this form, please read our Data Protection Policy, available on our website.

Please answer all questions fully.

Complete the form using BLOCK LETTERS.

PART ONE: Details of the Subject

Contact Details

Full Name: _____

Address: _____

Contact N°: _____

Email: _____

PART TWO: Details of the Data

Depending on the service you have been in contact with, the data that we have relevant to you may differ.

To help locate your personal data, please state the nature of the contacts you have had with Alliance Française de Port Elizabeth (e.g. emails/contact with Reception or Administration, examination diplomas, results, translations, French courses, cultural events, etc.):

This access request must be accompanied with a copy of photographic identification e.g., passport or driver's licence.

PART THREE: Declaration

I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Please check the boxes if applicable:

I want to access my data

I want the Alliance Française of Port Elizabeth to destroy my data

Signature of Applicant: _____ Date: _____

Please send the completed form to:

Information Manager

Alliance Française de Port
Elizabeth

17 Mackay Street, Port Elizabeth,
6001

Email : admin@pe.alliance.org.za

Telephone: (+27) 41 585 7889