

Personal Information Request Form

You have the right to request what information we hold about you. The following request form needs to be completed for us to provide you with what is required.

Please submit your request to the information officer	
Name & Surname:	Ms Marlene Vorster
Contact number:	021 970 6929
Email address:	compliance@insuremed.co.za (Subject: PAIA Request)

Please be aware that we may require you to provide proof of identification prior to processing your request. There may also be a reasonable charge for providing copies of the information requested, this has been included in our PAIA manual.

Particulars of Data Subject
Name & Surname:
Identity Number:
Postal Address:
Contact Number:
Email Address:

B. Request	
I request Insuremed Administrators to: (Please select one of the appropriate requests)	
a) Inform me whether it holds any of my personal information	<input type="checkbox"/>
b) Provide me with a record of description of my personal information	<input type="checkbox"/>
c) Correct or update my personal information	<input type="checkbox"/>
d) Destroy or delete a record of my personal information	<input type="checkbox"/>
e) Please specify in the instructions section below, if not specific in the above-mentioned points	<input type="checkbox"/>



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Instructions

Signature Page
Signature:
Date: