

**PERSONAL INFORMATION REQUEST FORM**

Kindly complete and submit to AGL's Information Officer (email: mark.kerwan@aglubricants.co.za) with a copy to the Deputy Information Officer of AGL (email: tessa.meyer@aglubricants.co.za )	
Name	
Tel Number	
Email Address	

Kindly take note: a) that the Information Officer or his Deputy may require you to present an identification to enable your request to be processed and; b) you may be required to pay a reasonable charge for the copies made in processing this request.

<b>A. PARTICULARS OF THE DATA SUBJECT</b>	
Full Name or Entity	
Identity Number or Registration number	
Postal Address	
Contact Number	
Email address	

<b>B. REQUEST</b>	
I require AGL to:	
i	Advise me if it hold any of my personal information
ii	Provide me with a record or description of my personal information
iii	Correct or update my personal information
iv	Destroy or delete my personal information

<b>C. INSTRUCTIONS</b>	

Should this document be signed on behalf of a juristic person then the signatory hereto warrants that he/she has the request authority to execute this Consent.

<b>D. SIGNATURE</b>	<b>E. Date</b>