PERSONAL INFORMATION REQUEST FORM

Kindly complete and submit to AGL's Information Officer (email: jake.govender@aglubricants.co.za) with a copy to the Deputy Information Officer of AGL (email: elmarie.esterhuizen@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.

A. Particulars of the Data Subject	
Full Name or Entity	
Identity Number or Registration number	
Postal Address	
Contact Number	
Email address	

B. Request		
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	

C. Instructions

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.

Signature	Date