

RIGHT TO DATA PORTABILITY

PREPARED IN ACCORDANCE WITH GDPR ARTICLE 20

EXERCISE OF DATA PROTECTION RIGHTS

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TO: THE INFORMATION OFFICER

EMAIL:

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A. RIGHT TO DATA PORTABILITY

Notes:

1. The data subject shall have the right to receive the personal data concerning him or her, which he or she has provided to an Information Officer, in a structured, commonly used and machine-readable format and have the right to transmit those data to another Information Officer without hindrance from the Information Officer to which the personal data have been provided, where:
 - a) The processing is based on consent pursuant to point (a) of GDPR Article 6(1) or point (a) of GDPR Article 9 (2) or on a contract pursuant to point (b) of GDPR Article 6 (1); and
 - b) The processing is carried out by automated means.
2. In exercising his or her right to data portability pursuant to paragraph 1, the data subject shall have the right to have the personal data transmitted directly from one Information Officer to another, where technically feasible.
3. The exercise of the right referred to in paragraph 1 of this Article shall be without prejudice to GDPR Article 17. That right shall not apply to processing necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Information Officer.

4. The right referred to in paragraph 1 shall not adversely affect the rights and freedoms of others.

B. PARTICULARS OF PERSON REQUESTING RIGHTS TO DATA PORTABILITY

FULL NAMES	
SURNAME	
IDENTITY/PASSPORT NUMBER	
RESIDENTIAL/BUSINESS ADDRESS:	
EMAIL ADDRESS:	
CONTACT NUMBER: CELL/TELL	

C. PARTICULARS OF RIGHT TO DATA PORTABILITY TO BE EXERCISED

Notes:

- If the provided space is inadequate, please continue on a separate page and attach it to this Form.
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INDICATE WHICH DATA TO BE SUBJECT FOR DATA PORTABILITY TO EXERCISE RIGHTS:	
EXPLAIN WHY THE RECORD REQUESTED IS REQUIRED FOR THER EXERCISE OF RIGHTS:	

Signed at..... This..... Day

Of20.....

FOR OFFICIAL USE ONLY

REFERENCE NUMBER:	
REQUEST RECEIVED BY: (STATE RANK, NAME AND SURNAME OF INFORMATION OFFICER)	
DATE RECEIVED:	
ACCESS FEES:	
DEPOSIT (IF ANY):	