



Access and Rectification Request Form

Note: This form is intended for individuals exercising their rights under the Botswana Data Protection Act 2024 and other applicable laws. Please complete all relevant sections. Incomplete or ambiguous forms may delay the processing of your request. Where necessary, please attach a copy of an official certified identification document to confirm your identity or corresponding company details for identity – Trading license, certificate of incorporation.

1. Data Subject information

Natural Person

Full Name: _____

Date of Birth (optional): _____

Postal Address: _____

Physical Address _____

Country: _____

Telephone Number: _____

Email Address: _____

Identification Document- Passport or National ID No.): _____

Legal Person

Company Name _____

Date and Country of Incorporation: _____

License No. _____

Name of the Contact Person _____ Phone No. _____

Email Address _____



2. Request Details

Please indicate the type of request (tick one or both if applicable):

- i. Access Request (to obtain a copy of the personal data held about you) ☐
- ii. Rectification Request (to correct or update incomplete or inaccurate personal data) ☐

If you are requesting either one or both access and rectification, please detail the following:

a. For Access Request:

Please specify if you require the full copy of all personal data held or only details relating to specific subjects (e.g., account information, transaction history, etc.):

b. For Rectification Request:

Please list the inaccurate or incomplete data items with details of the corrections you are requesting:

c. Additional Information or Special Instructions if any:

3. Declaration and Consent:

By submitting this form, I hereby declare that the information provided is accurate to the best of my knowledge. I authorize the processing and verification of my identification for the



purpose of fulfilling my request. I understand that you may request additional information or documentation to verify my identity before proceeding with this request.

Note: Please check the box below if you consent to the processing of your personal data for the purposes of verifying and fulfilling this request:

I consent to the processing of my information to verify my identity and process my access/rectification request:

Yes ☐ No ☐

Signature _____ Date: _____

4. For Office Use Only (Internal Processing)

Date Received: _____ Reference Number: _____

Action Taken:

Completed by (Name): _____

Designation: _____

Signature _____

5. Instructions to Submit the Form:

Please email the completed form (and scanned copy of your certified identification document) to: aobakwe.kwape@bstiua.co.bw and copy gletlhage@pcrc.co.bw For any queries or further assistance, call: +267 74434273 or +267 3631013

End of Form