DATA SUBJECT RIGHTS REQUEST FORM

Instructions:

- Please fill out this form to exercise your rights per Data Protection Act, 2024, Botswana.
- Provide as much detail as possible to help us process your request efficiently.
- Attach a copy of a valid ID to verify your identity.

A. BASIC INFORMATION:

Please provide the following information to help us verify your identity and respond to your request.

1. Full Name:
2. Date of Birth (DOB):
3. Email ID:
4. Phone Number:

B. NATURE OF REQUEST:

Please indicate the nature of your request by ticking (✓)the applicable option(s) below:

[ ] Right of Access – I want to know what personal data you have about me.

[ ] Right to Rectification – I want to correct inaccurate or incomplete data you have about me.

[ ] Right to Erasure (Right to be Forgotten) – I want you to delete the personal data you have about me.

[ ] Right to Object to Direct Marketing – I object to the processing of my personal data for direct marketing purposes.

[ ] Right to Withdraw Consent – I withdraw my consent for the processing of my personal data.

[ ] Right to Restriction of Processing of Data – I restrict processing of my personal data.

[ ] Right to Lodge a Complaint

[ ] Right to Data Portability – I want to receive personal data from a data controller in a structured, commonly used, machine-readable format and to transmit it to another data controller.

[ ] Right against Automated Decision Making, including Profiling: I do not wish to be subjected to a decision based solely on automated processing, including profiling, which produces legal effects concerning or significantly affects me.

C. DETAILS OF THE REQUEST:

Please provide additional details regarding your request to help us process it efficiently. This may include information about specific data or the context in which the data was provided:

_____
_____
_____

D. PROOF OF IDENTITY:

To protect your personal data, we require proof of your identity. Please provide a copy of one of the following documents:

Tick appropriately: ✓

[ ] Passport

[ ] National Identity Card

[ ] Employee ID

E. PREFERRED METHOD OF CONTACT:

Tick appropriately: ✓

[ ] Phone Call

[ ] SMS

[ ] Email

F. PREFERRED METHOD OF RECEIVING YOUR PERSONAL DATA REQUEST:

Please indicate your preferred format for receiving the information we provide in response to your Request:

[ ] Hardcopy Printout (To be collected in person)

[ ] Emailed Digital Copy (sent to the email address provided in your request)

G. DECLARATION:

By signing below, I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that Mascom Wireless may need to contact me for further information to process my request.

Further also, I hereby give/do not give my consent to receive such communication, including updates and information related to this request, via the email address I have provided.

Signature: _____

Date: _____

Processed By:

Name: _____

Department: _____

Confirmation Sent to Customer

Request Processed Date: : ____ / ____ / _____

Signature: ____ / ____ / _____