



**REQUEST FOR RESTRICTION OR OBJECTION OF PERSONAL DATA**

**NATURE OF REQUEST**

Mark the appropriate box with an "x". Request for:

RESTRICTION

OBJECTION

**DETAILS OF THE DATA SUBJECT**

Name: .....

Identity Number: .....

Phone number:.....

E-mail address: .....

*(Your details below where initiating the request for a minor or a person who has no capacity)*

Name.....

Relationship with the Data Subject.....

Contact Information:.....

**REASONS FOR THE REQUEST**

*(Please provide detailed reasons for the restriction or objection)*

.....

**DECLARATION**

I certify that the information given in this application is true

Signature.....Date.....

Please email the complete form to [dataprivacy@afrisend.com](mailto:dataprivacy@afrisend.com)  
Our Data privacy team will reach out within 5 business days upon receipt of your email; however, requests to restrict or object to processing of personal data are not guaranteed and will be considered on a case-by-case basis in accordance with data privacy laws.