



Fresh Thinking. Smart Banking.



Data Subject Access Request (DSAR) Form

You are required to complete all sections of the form.

Section 1: Choose Subsidiary

Please indicate the company from which you are requesting your personal information.

- ☐ African Banking Corporation of Zimbabwe Limited t/a BancABC
- ☐ ABC Asset Management Private Limited
- ☐ ABC Stockbrokers Private Limited
- ☐ Easy Loans Private Limited t/a BancEasy

Section 2: Requester Information

Surname:	<input type="text"/>
Maiden name (if applicable):	<input type="text"/>
First Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Information (Email/Phone):	<input type="text"/>
Relationship to Organisation (e.g., Employee, Contractor, Customer):	<input type="text"/>
Preferred Method of Response:	<input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> Other (Specify):

Section 3: Type of Request (check all that apply)

- ☐ ShapeAccess to my personal data
- ☐ ShapeRectification of inaccurate data
- ☐ ShapeErasure of my personal data (Right to be forgotten)
- ☐ ShapeShapeRestriction of data processing
- ☐ Objection to processing
- ☐ Other (please specify)

Section 4: Details of the Request

Description of Data Being Requested (e.g., personal data, HR records, etc.):	<input type="text"/>				
Timeframe of Data (if applicable):	<table><tr><td>From</td><td>To</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	From	To	<input type="text"/>	<input type="text"/>
From	To				
<input type="text"/>	<input type="text"/>				
Purpose of Request (optional):	<input type="text"/>				

Section 5: Verification of Identity

(To ensure the security of your data, please provide one of the following):

Attach a copy of your government-issued ID (e.g., passport, driver's license).	<input type="text"/>
Provide additional verification details:	<input type="text"/>

Section 6: Declaration

I confirm that the information provided in this form is accurate and complete. I understand that the organisation may contact me for further clarification if needed.

Signature:	<input type="text"/>
Date:	<input type="text"/>

Section 7: For Office Use Only

Date Received:	<input type="text"/>
DSAR Reference Number:	<input type="text"/>
Assigned Handler:	<input type="text"/>
Status:	<input type="checkbox"/> Received <input type="checkbox"/> In Progress <input type="checkbox"/> Completed <input type="checkbox"/> Closed