



Data Request Form

Section A - Requestor Details

Requestor Name	_____	ID/Persal Number	_____
Organisation	_____	Tel Number	_____
E-mail	_____	Cellphone No:	_____
Signature	_____	Date	_____

Section B - Approval

BELOW DATA REQUEST APPROVED BY :

Supervisor's Name _____

Persal No (if applicable) _____

Designation _____

Telephone No _____

Signature _____

Date _____

Section C - Data Required

BAS	<input type="checkbox"/>
Intenda	<input type="checkbox"/>
Hardcat	<input type="checkbox"/>
PBS	<input type="checkbox"/>
Supplier Database	<input type="checkbox"/>
ZNT Forms	<input type="checkbox"/>
Other please specify	_____

Detailed description of how the data will be used

Detailed description of information needed. Please be as specific as possible

Department Name for which data is requested : _____

Description of Data required: _____

How long the data will be used and how, where and by whom it will be maintained

Required date From ____ / ____ / ____ To ____ / ____ / ____ Format of report Hardcopy _____
Electronic _____

Section D - Approval - Divisional Head : KZN Provincial Department

Remarks (If approved with a change in condition or not approved)

Approved / Not Approved

_____ Name	_____ Designation	
_____ Persal No	_____ Signature	_____ Date

Section E - Declaration by Requestor

I acknowledge that I have requested and will receive upon approval confidential data of the KwaZulu Nata Provincial Administration in electronic or hardcopy format. I understand that this data is complete and/or correct as of the date required. It is expected that I will do the following:

1. Handle this information in a confidential manner, keeping it secure at all times.
2. Communicate this information ONLY to other parties authorised to have access to it in accordance with the provisions of KZNPA.
3. Use this information only for its intended purpose.
4. Properly dispose of this information when it is no longer needed.

Signature Date

FOR OFFICIAL USE ONLY

Staff Completing Work	Completion Date	Log Number

Comments

This form must be forwarded to

The Manager : Supporting and Interlinked Financial Systems
Provincial Treasury
145 Chief Albert Luthuli Street
Pietermaritzburg, 3201
Tel (033) 897 4470