**OFFICE OF THE DATA PROTECTION COMMISSIONER**

REQUEST TO DISCONTINUE OR WITHDRAW A COMPLAINT

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| **A. NATURE OF REQUEST**  |
| Mark the appropriate the box with an "x". Request for: DISCONTINUATION WITHDRAWAL  |
| **B. PARTICULARS OF THE COMPLAINANT/ REPRESENTATIVE**  Full names: National ID. Number/Passport Number: Contact Information: (Phone Number/ Email Address)   |
| **C. NATURE OF THE COMPLAINT**  |
| Complaint Number/Reference Number;  |
| **D. STATE REASON FOR WITHDRAWAL/DISCONTINUATION OF** **COMPLAINT**           |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**

1. *If the space provided for in this Form is inadequate, submit information as an Annexure to this form*
2. *If you have supporting documents to substantiate your claim, please annex copies to this Form.*
3. *The information submitted will be treated with the upmost confidentiality.*