**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.*