**OFFICE OF THE DATA PROTECTION COMMISSIONER**

**REVIEW OF ENFORCEMENT NOTICE**

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| 1. **PARTICULARS OF THE PERSON ISSUED WITH THE ENFORCEMENT NOTICE** | |
| Full Name |  |
| Registration Number/Identification Number |  |
| Contact Information (Phone number and email address) |  |
| 1. **REFERENCE NUMBER OF THE ENFORCEMENT NOTICE** | |
|  | |
| 1. **GROUNDS FOR REVIEW OF THE ENFORCEMENT NOTICE**   *(tick as appropriate)* | |
| 1. Change of circumstances or new facts have risen; or |  |
| 1. One or more of the provisions of that notice need not be complied with in order to remedy the failure identified in the notice. |  |

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

Note:

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