

Green Lamp, 410 West Georgia Street, Vancouver, British Columbia, V6B 1Z3, Canada Floor 5

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FORM DPG 4

REQUEST FOR DATA PORTABILITY

Note:

- iv. Documentary evidence in support of this request may be required.
- v. Where the space provided for in this Form is inadequate, submit information as an annexure.
- vi. All fields marked as * are mandatory.

A. DETAILS OF THE DATA (This section is to p	A SUBJECT rovide the details of the Data Subject)
Name*:	
Identity Number*:	
Phone Number*:	
E-mail Address*: (
(Provide the following de	etails where making a request on behalf of a minor or a person who has no capacity)
Name*:	
Relationship with th	ne Data Subject*:
Contact Information	n* :
B. DETAILS OF THE	REQUEST
Please transfer a copy o	f personal data to*
By either:	
• Emailing a co	ppy to them at
• Others (Pleas	se specify)
DECLARATION Note, any attempt to po	ort personal data through misrepresentation may result in prosecution.
I certify t	hat the information given in this application is accurate to the best of my knowledge.

Signature:	Date:	
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