

Consumer Information Challenge Request

Name: Surname: RSA ID Number: Email Address: Cell Number: Home Number: Work Number:			
Comments:			
To submit your challer complete the informati		on on your Dracore	Information Report, pleas
Type of Challenge			
Select the applicable a listed below.	areas that you are challe	enging within the type	e of dispute and queries
Incorrect Information _ Personal Information _ ID Query _ General Enquiry _	(tick for selection) (tick for selection)		
•	nge request, please com the following documents	•	rm, sign and email back to
* ID Document (clear of	copy of ID)		
* Proof of Residence D	Document (Not older tha	n 3 months)	
Signed by (place) on	(print name) with this (date)	(month)	_ (RSA ID number) at _ (year)

_____ Signature