

Privacy Allegation – Investigation Information

l,	(Full name)
Of,	(Address)
Do solemnly and sincerely declare	:
My Information I am the authorise	ed account holder for mobile number
My Date of Birth is	
My Contact Number is	
Allegation of Privacy Breach	
When did the alleged privacy brea	nch occur? (Day/month/year)
By whom did the alleged privacy b	oreach occur? (Name of person)
Where do you believe the privacy	
What are the particulars of the allo	
(How do you believe your privacy	was breached and what evidence of this do you have?)
Full Name (Please Print)	
Signature (Please Sign)	
Date Signed	

Please attach and send this document plus any further information relevant to your allegation to:



Attention: Privacy Co-ordinator

Email: support@gsim.au

Completed forms must be emailed to the above details. Please note the form must be completed fully and signed.