FORM 3

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 (Regulation 3)

Note:

- 1. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
- 2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
- 3. Complete as applicable.

Mark the appropriate box with an "x".

Request for:

| Correction or deletion of the personal information about the data subject which is |
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| in possession or under the control of the responsible party. |
| Destroying or deletion of a record of personal information about the data subject which is in the possession or under the control of the responsible party and who is |
| no longer authorised to retain the record of information. |

| Α | DETAILS OF DATA SUBJECT |
|---------------------|--|
| Name(s) and | |
| surname / | |
| registered name | |
| of data subject: | |
| Unique Identifier / | |
| Identity Number: | |
| Residential, | |
| postal or business | |
| address: | |
| | Code: |
| Contact Numbers: | |
| Fax Number / | |
| Email address: | |
| В | DETAILS OF RESPONSIBLE PARTY |
| Name(s) and | |
| surname / | |
| Registered Name | |
| of Responsible | |
| Party: | |
| Residential, | |
| postal or business | |
| address: | |
| | Code: |
| Contact Numbers: | |
| Fax Number / | |
| Email address: | |
| С | INFORMATION TO BE CORRECTED / DELETED / DESTRUCTED / DESTROYED |
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| D | REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTON 24(1) (a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; AND / OR REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(B) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN (PLEASE PROVIDE DETAILED REASONS FOR THE REQUEST). |
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| | |
| igned at | on this day of |
| 0 | on this day of |
| | Signature of Data Subject/Designated Person |