Signature of Data Subject (Applicant)

ANNEXURE D

FORM 2

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 NO.4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017

[Regulation 3(2)]

NOTE:

- 1. Affidavits or other documentary evidence in support of the request must 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.

Reference Number _____

Mark the appropriate box with an "x"

1. Request For:



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

DETAILS OF DATA SUBJECT			
Name and Surname			
of Data Subject			
Residential, postal			
or business address			
Contact number(s)			
Fax number:			
E-mail address:			

DETAILS OF RESPONSIBLE PARTY				
Name and Surname				
of Responsible				
Party (if the				
Responsible Party				
is a natural):				
Residential, postal				
or business address				
Contact number(s)				
Fax number:				
E-mail address:				
Name of Public				
Body or Private				
Body				
(if Responsible				
Party not a natural				
person):				
Business address:				

	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

REASONS FOR				
*CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/	,			
*DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IN IN THE POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY (Please provide detailed reasons for the objection)				
Signed at this day of 20	<u> </u>			

Signature of Data Subject