

Annexure D

**Request for correction or deletion of
personal information form**

22 October 2024

**REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION
OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION
IN TERMS OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1)
OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 AND
REGULATIONS RELATING TO THE PROTECTION OF PERSONAL
INFORMATION ACT, 2018**

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 is applicable.

Mark the appropriate box with an "x".

This is a request for:

<input type="checkbox"/>	Correction or deletion of personal information about the data subject which is in possession or under control of the responsible party; and or
<input type="checkbox"/>	Destroying or deletion of a record of personal information about the data subject which is in possession or under control of the responsible party and who is no longer authorised to retain the record of information

A	DETAILS OF DATA SUBJECT
Name(s) and surname/registered name of data subject	
Unique Identifier/Identity Number	
Residential, postal or business address	
Contact number(s)	
Fax Number / Email Address	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/registered name of data subject	
Contact number(s)	
Fax Number / Email Address	

C	REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) (Please provide detailed reasons for the objection)
D	Reasons for *Correction or Deletion of the Personal Information about the Data Subject in Terms of Section 24(1)(a) which is 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)

Signed at _____ this ____ day of _____ 20__.

Signature of data subject/designated person



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