

Personal Information Request Form

Please submit the completed form to the Information Officer:	
Name	
Contact Number	
Email address	

Please be aware that there may be a reasonable charge for providing copies of the information requested.

A. Particulars of Data Subject	
Name and Surname	
Identity Number	
Postal Address	
Contract Number	
Email address	
B. Request	
I request the Entity to:	
a) Inform me whether it holds any of my personal information	
b) Provide me with a record or description of my personal information	
C. Instructions	
D. Signature	
Signature:	Date:

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

**Regulations pertaining to the Protection of Personal Information
[REGULATION 3]**

Mark the appropriate box with an "X"	
Request for:	
Correction or deletion of the 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 authorised to retain the record of information.	
A. Particulars of Data Subject	
Name and Surname	
Identity Number	
Postal Address	
Contact Number	
Email address	
B. Details of Responsible Party	
Name (s) and Surname/ Registered name of the responsible party:	
Residential, postal or business address:	
Contact Number(s):	
Fax Number/E-mail address:	
C. Information to be corrected/deleted/destroyed/destroyed.	

**D. Reasons for correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party, AND OR
Reasons 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 authorised to retain the record of information**

D. Signature

Signature:

Date:

Complaint regarding interference with the Protection of Personal Information in terms of section 74 of the Protection of Personal Information Act, 2013

**Regulations pertaining to the Protection of Personal Information
[REGULATION 7]**

Mark the appropriate box with an "X"	
Complaint regarding:	
Alleged interference with the protection of personal information	
PART I ALLEGED INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION IN TERMS OF SECTION 74 OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013	
A. Particulars of Complainant	
Name and Surname	
Identity Number	
Postal Address	
Contact Number	
Email address	
B. Particulars of the responsible party interfering with personal information	
Name (s) and Surname/ Registered name of the responsible party:	
Residential, postal or business address:	
Contact Number(s):	
Fax Number/E-mail address:	
C. Reasons for the complaint <i>(Please provide detailed reasons for the complaint)</i>	
D. Signature	
Signature:	Date:

