



REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION - ANNEXURE C

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, 2018
[Regulation 3]

A data subject who wishes to request a correction or deletion of personal information or the destruction or deletion of a record of personal information in terms of section 24(1) of the Act, must submit a request to the responsible party on this **Form 2**.

Note:

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

Request for: (Mark the appropriate box)

- 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.

SECTION A	DETAILS OF THE DATA SUBJECT
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First Name/s: <i>Registered name of data subject</i>	
Surname:	
ID/Passport Number:	
Residential/Postal Address:	
Email Address:	
Telephone Number:	C O D E
Cell Number:	
Fax Number:	C O D E

SECTION B**DETAILS OF RESPONSIBLE PARTY**

Registered name of responsible party:

First Name/s:

Surname:

Residential/Postal Address:

Email Address:

Telephone Number:

Cell Number:

Fax Number:

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SECTION C**INFORMATION TO BE CORRECTED/DELETED/DESTRUCTED/DESTROYED**

SECTION D

REASONS FOR CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 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)

Signed at: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Data Subject/Designated Person: _____

Please submit completed and signed form to informationofficer@medshield.co.za