


Document Title	Form 2 - Request for correction or deletion of personal information	
Document Type	Form	
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Document Owner	Information Officer	

Form 2 - Request for correction or deletion of personal information

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, 2021 [REGULATION 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the request 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".

- ☐ Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Please select applicable reasons for the selected request:

- | | |
|-----------------|--------------------------|
| (a) Inaccurate | <input type="checkbox"/> |
| (b) Irrelevant | <input type="checkbox"/> |
| (c) Excessive | <input type="checkbox"/> |
| (d) Out of Date | <input type="checkbox"/> |
| (e) Incomplete | <input type="checkbox"/> |
| (f) Misleading | <input type="checkbox"/> |



(g) Obtained
unlawfully

☐☐

Destruction 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) Details of Data Subject

Name(s) and surname /

Registered name of data subject:

Residential, postal or business address:

Code ()

Contact number(s):

Fax number / E-mail address:

B) Details of responsible party

Name(s) and surname /

Registered name of responsible party:

Residential, postal or business address:

Code ()

Contact number(s):

Fax number / E-mail address:

C) PERSONAL INFORMATION TO BE CORRECTED/DESTROYED/DELETED

Please specify the personal information required to be corrected / destroyed / deleted



D) EXPLANATION FOR THE SELECTED REASON FOR A REQUEST

Please provide a detailed explanation for the selected reasons for the request for correction or deletion of personal information which is in possession or under the control of the responsible party

Signed at		On this the		Day of		
Signature						
Full Name						