

INSTRUCTIONS

- **PLEASE PRINT OUT & SIGN THE FORM**
- **PROVIDE ANY ADDITIONAL INFORMATION IN ANNEXURE A**
- **SIGN THE FORM AND EMAIL IT TO info@beyondzero.org.za**

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]

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:

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	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 / E-mail address	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / Registered name of responsible party	Beyond Zero
Residential, postal or business address	110 Moore Street, Quigney, East London, 5247
Contact number(s)	(043) 704 5400
Fax number/ E-mail address	info@beyondzero.org.za
C	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED
<i>(example: Income Tax Documents, Banking Records, Identity Information, Accounting Records, Payroll Information, etc.)</i>	
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. <i>and or</i>

	<p>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.</p> <p><i>(Please provide detailed reasons for the request)</i></p>

Signed at this day of 20.....

.....
Signature of data subject/ designated person

ANNEXURE "A"

ADDITIONAL INFORMATION TO REQUEST FOR CORRECTION AND OR DELETION:

(Please complete the relevant additional reasons for the request below)
