REQUESTS FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTRUCTION 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 20113)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017 [Regulation 3(2)]

Note:

1. Affidavits or other documentary evidence in support of the request must be attached.

longer authorised to retain the record of information.

2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

| arra ergir e | | | |
|--------------|-----------------------------|---|---|
| | For office | e use - Reference Number: | |
| | | | |
| Mark the a | appropriate box with an "X" | | |
| Request f | <u>fo</u> r: | | |
| | | rsonal information about the data subje of CareWorks as the Responsible Par | |
| | _ | | |
| | | ord of personal information about the da of CareWorks as the Responsible Par | - |

| A. DETAILS OF THE DATA SUBJECT | | | | | |
|---------------------------------|------------------------------------|--|--|--|--|
| Surname: | | | | | |
| Full names: | | | | | |
| | | | | | |
| Identity number: | | | | | |
| | | | | | |
| Residential, postal or | | | | | |
| business address: | | | | | |
| | Code () | | | | |
| Contact number(s): | | | | | |
| Fax number: | | | | | |
| E-mail address: | | | | | |
| B. DETAILS OF RESPONSIBLE PARTY | | | | | |
| Name: | CareWorks (Pty) Ltd | | | | |
| Business address: | Block B Regent Square | | | | |
| Basiness address. | Kenilworth Cape Town, 7700 | | | | |
| Contact number(s): | +27 21 673 5300 | | | | |
| Fax number: | +27 21 413 1064 | | | | |
| E-mail address: | informationofficer@careworks.co.za | | | | |

C. REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/ *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IS IN POSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY. (Please provide detailed reasons for the request). *Delete whichever is not applicable

| Signed at | this | day of | 20 |
|-------------------------------|----------|--------|----|
| | | day or | 20 |
| | | | |
| Signature of data subject (ap | plicant) | | |