

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

For office use - Reference Number:	
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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 CareWorks as the Responsible Party.
- Destruction or deletion of a record of personal information about the data subject which is in possession or under the control of CareWorks as the Responsible Party and who is no longer authorised to retain the record of information.

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:	10 Mill Street, Newlands Cape Town, 7700
Contact number(s):	+27 21 673 5300
Fax number:	+27 21 413 1064
E-mail address:	paia@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 POSSESSION 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

Signature of data subject (applicant)