

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:

1. Affidavits or other documentary evidence may be attached to support your request.
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 applicable.

Mark the appropriate box with an "x".

Request for:

- Correction or deletion of personal information which is in possession or under the control of Centre for Diabetes & Endocrinology (Pty) Ltd (CDE).
- Destroying or deletion of personal information which is in possession or under the control of CDE, who is no longer authorised to retain the record of information.

A	PERSONAL DETAILS
Name(s) and surname/ registered name:	
Identity Number:	
Residential, postal or business address:	Code ()
Contact number(s):	
Fax number/Email address:	

B INFORMATION TO BE CORRECTED/DELETED/DESTROYED

C. REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF CDE; and or

REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1)(b) WHICH CDE IS NO LONGER AUHORISED TO RETAIN.

Signed atthis day of20.....

Signature of requestor/ designated person