

**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.]

- Correction or deletion** of the personal information about the data subject which is in possession or under the control of the responsible party.
- 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 THE DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique identifier/ Identity Number:	
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	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED

MBD

D	<p><b>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; and or</b></p> <p><b>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</b> <i>(Please provide detailed reasons for the request)</i></p>

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2 .

*Signature of data subject/designated person*

*MBD*