

**Form 2**

**Request for Correction of Deletion of Personal Information of Destruction or  
Deletion of Personal Information Record in Terms of Section 24 (1) of the  
Protection of Personal Information Act, 2013.**

**Regulations on the Protection of Personal Information, 2018.  
[Regulation 3]**

*Take note:*

1. Affidavits or any other documentary evidence applicable to substantiate the objection can be attached.
2. If the space provided in this form is too small, an attachment to this form may be submitted.
3. Fill in where applicable.

**Mark the appropriate box with a "X"**

**Request to:**

☐

Correction or deletion of the personal information about the data subject which is in the possession of or under the control of the responsible party.

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Destruction or deletion of a record of personal information about the data subject which is in the possession of or under the control of the responsible party who is no longer authorized to keep the record of information

A	DETAILS OF DATA SUBJECT
<b>Name and Surname or Registered Name</b>	
<b>Identity Number or Registration Number</b>	
<b>Physical or Postal Address</b>	
<b>Contact Number(s)</b>	
<b>Email Address</b>	

<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
<b>Name and Surname or Registered Name</b>	
<b>Physical or Postal Address</b>	
<b>Contact Number(s)</b>	
<b>Email Address</b>	

<b>C</b>	<b>INFORMATION TO BE CORRECTED / DELETED / DESTROYED</b>

<b>D</b>	<p><b>REASONS FOR THE CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1) (a) WHICH IS IN THE POSSESSION OF OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY IS;</b></p> <p><b>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 AUTHORIZED TO RETAIN PERSONAL INFORMATION.</b></p> <p><b>(Please provide as much detail as possible)</b></p>

Signed at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 202\_\_.

\_\_\_\_\_  
**Signature of Duly authorised person**

Signatory Name and Surname \_\_\_\_\_

Company Name \_\_\_\_\_

Lexpro Reference/Acc nr \_\_\_\_\_

Designation \_\_\_\_\_