

REQUEST FOR ERASURE OF PERSONAL DATA**Note:**

- i. Documentary evidence in support of this request may be required.
- ii. Where the space provided for in this Form is inadequate, submit information as an annexure.
- iii. All fields marked as * are mandatory.

A. DETAILS OF THE DATA SUBJECT

(This section is to provide the details of the Data Subject)

Name*

Identity Number*

Phone Number*

e-mail address:

(Provide the following details where making a request on behalf of a minor or a person who has no capacity)

Name*

Relationship with the Data Subject*

Contact Information*

B. REASON FOR ERASURE REQUEST

(Tick the appropriate box)

- | | |
|--|--------------------------|
| a. Your personal data is no longer necessary for the purpose for which it was originally collected. | <input type="checkbox"/> |
| b. You have withdrawn consent that was the lawful basis for retaining the personal data. | <input type="checkbox"/> |
| c. You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing. | <input type="checkbox"/> |
| d. The processing of your personal data has been unlawful. | <input type="checkbox"/> |
| e. Required to comply with a legal obligation | <input type="checkbox"/> |

C. PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

D. DECLARATION

Note, any attempt to port personal data through misrepresentation may result in prosecution.

I certify that the information given in this application is accurate to the best of my knowledge.

Signature:

Date: