

## **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| b. You have withdrawn consent that was the lawful basis for retaining the personal data.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: