

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, 2017

TO:	THE INFORMATION OFFICER OF IOKI	CONTACT DETAILS:
	admin@ioki.co.za
	
	

NOTES:

- Affidavits or other documentary evidence as applicable should be attached in support of the request.
- If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
- In respect to any other section, Complete as is applicable.

Mark the appropriate box with an "x".
Request for:

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 DATA SUBJECT
NAME(S) AND SURNAME/ REGISTERED NAME OF DATA SUBJECT:	
UNIQUE IDENTIFIER/ IDENTITY NUMBER	
RESIDENTIAL, POSTAL OR BUSINESS ADDRESS:	Postal Code:
CONTACT NUMBER(S):	
FAX NUMBER / E-MAIL ADDRESS:	
B	DETAILS OF RESPONSIBLE PARTY
NAME(S) AND SURNAME OR REGISTERED NAME OF RESPONSIBLE PARTY:	
RESIDENTIAL, POSTAL BUSINESS ADDRESS:	Postal Code:
CONTACT NUMBER(S):	
FAX NUMBER/ E-MAIL ADDRESS:	
C	INFORMATION TO BE:
D. 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 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. (Please provide detailed reasons for the request)	



INSTITUTE

OF KEY INDIVIDUALS

Signed at This Day

Of20.....

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Signature of Data Subject/Designated Person

FOR OFFICIAL USE ONLY

REFERENCE NUMBER:	
REQUEST RECEIVED BY: (STATE RANK, NAME AND SURNAME OF INFORMATION OFFICER)	
DATE RECEIVED:	
ACCESS FEES:	
DEPOSIT (IF ANY):	