FORM 2

REQUEST: CORRECTION/DESTRUCTION OF PERSONAL INFORMATION

Sections 24(1)(a) and (b) of the Protection of Personal Information Act, 4 of 2013 read with Regulation 3 of the 2018 Regulations

Note:

1. *This form must be fully completed.*
2. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
3. *If the space provided in this form is inadequate, submit information as an Annexure to this form and sign each page.*

Mark the appropriate box with "X":

☐ Correction of personal information about the data subject which is in possession or under the control of PTSS.

☐ Destroying or deletion of a record of personal information about the data subject which is possession or under the control of PTSS and who is no longer authorised to retain the record of the information.

A. PARTICULARS OF _____ (THE RESPONSIBLE PARTY)

THE RESPONSIBLE PARTY

Registered name of Responsible Party	
Postal address	
Physical address	
Telephone number	
E-mail address	
Contact person	

B. PARTICULARS OF PERSON REQUESTING THE CORRECTION OR DELETION OF THE PERSONAL INFORMATION

The particulars of the person who is requesting the correction of deletion of the personal information must be provided below.

The postal address, fax number, and/or email address to which _____'s response must be sent must be provided.

Proof of the capacity in which the request is made (if applicable) must be attached, i.e., Data Subject or Requester other than Data Subject, duly authorized, requesting on behalf of the Data Subject

Full name and surname	
Proof of identity	
Postal address	
Fax number	
Telephone number	
E-mail address	
Capacity in which request is made	
When made on behalf of another person, the basis of the authority to make the request must be stated	

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must be completed ONLY if a request for information is made on behalf of another person.

Full name and surname	
Identity or company registration number	

Initial

D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE REQUEST FOR CORRECTION OR DELETION

Provide full particulars of the personal information or record in respect of which the request for correction or deletion is made, including any reference number (if that is known to you) to enable the personal information or record to be located.

If the provided space is inadequate, please continue on a separate page and attach it to this form.

The Data Subject/Requester must sign all the additional pages.

Description of Personal Information / Record or Relevant part of the Personal Information Record	
Reference number (if available)	
Any further particulars of record	

E. REASONS FOR AND/OR PARTICULARS OF REQUEST FOR CORRECTION OR DELETION IN TERMS OF SECTION 24(1)(a) OR (b) READ WITH REGULATION 3

Provide detailed reasons for the correction (section 24(1)(a)) or deletion (section 24(1)(b)) of the personal information and/or record.

If the provided space is inadequate, please continue on a separate page and attach it to this form.

The Data Subject/Requester must sign all the additional pages

Initial

F. FEES

As per Regulation 2: NO charge will be levied by PTSS in respect

of:

- Assistance provided to complete this form, and
- The processing of this request.

G. TIME TO PROCESS REQUEST

The time period allowed to process your request will be 30 days.

If any longer time is needed, PTSS shall prior to the expiry of the mentioned 30 days notify you of the longer period of time required, which will not exceed 60 days.

H. RESPONSE TO REQUEST

PTSS will carefully consider the grounds on which you base your request. In case of PTSS agreeing with the grounds of your request, PTSS will provide you with an affirmative response including a confirmation that the correction or deletion has been affected (with credible evidence in this regard).

In case of PTSS not agreeing with the grounds of your request, PTSS shall provide you with a motivated response providing full reasons for its decision.

Initial

I. NOTICE OF DECISION REGARDING REQUEST

You will be notified in writing via your chosen communication method whether your request has been approved/ denied within 30 days or such longer such longer period required, which period shall not exceed an additional 60 days. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access t to the record?	

Signed at _____this_____ day of _____ 20____

_____ _____

Printed name of Data Subject/Requester **Signature of Data Subject/Requester**

Once completed, this form should be submitted via email:

_____

For Attention: **The Information Officer**

E-mail: **info@pts-solutions.co.za**

Initial