REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTRUCTION OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPIA).

Note:

1. Affidavits or other documentary evidence as applicable in support of the request for deletion, destruction or correction of your Personal Information may be attached to this Form.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and initial each page.
3. The Form shall be fully completed.

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/Gibela.
	Destroying or deletion of a Record of Personal Information about the Data Subject which is in the possession or under the control of the Responsible Party and who is no longer authorised to retain the Record of Personal Information.

A	**DETAILS OF DATA SUBJECT**
Full Name(s)/ Registered Name of Data Subject:	
Unique Identifier / Identity Number:	
Residential, Postal or Business address:	
	Code:
Contact Numbers:	
B	**IF APPLICABLE, DETAILS OF PERSON MAKING REQUEST ON BEHALF OF A DATA SUBJECT**
Full Name(s):	
Identity Number/Registration Number:	
Residential Postal Address:	Code:
Contact Numbers:	
Email address:	
C	**DETAILS OF GIBELA**

Full Name(s) / Registered Name of Responsible Party:	

Residential, Postal or Business address:	
Identity Number/Registration Number: Residential Postal Address: Contact Numbers: Email address: Contact Numbers:	
	Code:
Fax Number / Email address:	
Fax Number / Email address:	
D	**INFORMATION TO BE CORRECTED / DELETED / DESTRUCTED / DESTROYED**
E	**REASONS FOR CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTON 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF GIBELA; 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 GIBELA IS NO LONGER AUTHORISED TO RETAIN** (please provide detailed reasons for the request).

Signed at _____on this_____ day of _____ 20__.

_____

Signature of Data Subject/Designated Person

For Legal Department use:

Request Received by:

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Signature of Information Officer

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