

REQUEST FOR ERASURE OF PERSONAL DATA

Note:

- i. Documentary evidence in support of the objection 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)

Your personal data is no longer necessary for the purpose for which it was originally collected	☐
You have withdrawn consent that was the lawful basis for retaining the personal data	☐
You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing	☐
the processing of your personal data has been unlawful	☐
Required to comply with a legal obligation	☐

C. PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased

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D. DECLARATION

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

☐

I confirm that I have read and understood the terms of this request form and certify that the information given in this application is true.

Signature

Date