

- 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* _____

ID/Passport Number* _____

Phone Number* _____

Email 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;
- (b) You have withdrawn consent that was the lawful basis for retaining the personal data;
- (c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;
- (d) The processing of your personal data has been unlawful
- (e) Required to comply with a legal obligation

PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

DECLARATION

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

I certify that the information given in this application is true

Signature _____ Date: ____ / ____ / ____