

FORM 2

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,
2021

[Regulation 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the request may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Mark the appropriate box with an "x".

Request for:

☐ a) Correction or deletion of personal ☐ information about the data subject which is in possession or under the control of the responsible party.

Please select applicable reasons for the selected request:

- | | |
|-------------------------|--------------------------|
| (a) Inaccurate | ☐ |
| (b) Irrelevant | ☐ |
| (c) Excessive | ☐ |
| (d) Out of Date | ☐ |
| (e) Incomplete | ☐ |
| (f) Misleading | ☐ |
| (g) Obtained unlawfully | ☐ |

b) Destruction ☐ 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 who is no longer authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Postal or business address:	
	Code ()
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / registered name of responsible party:	
Postal or business address:	
Contact number(s):	Code ()
Fax number/ E-mail address:	
C	PERSONAL INFORMATION TO BE CORRECTED/DESTROYED/DELETED (Please specify the personal information required to be corrected / destroyed / deleted)
D	EXPLANATION FOR THE SELECTED REASON FOR A REQUEST (Please provide detail explanation for the selected reasons for the request for correction or deletion of personal information which is in possession or under the control of the responsible party)

Signed at this day of20.....

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Signature of data subject/ designated person