

# REQUEST FOR ERASURE OF PERSONAL DATA

Fill as appropriate

Note:

- (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

## i. 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\*: .....

## ii. 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;	<input type="checkbox"/>
(b) You have withdrawn consent that was the lawful basis for retaining the personal data;	<input type="checkbox"/>
(c) You object to the processing of your personal data and there is no overriding legitimate interest to continue the processing;	<input type="checkbox"/>
(d) the processing of your personal data has been unlawful	<input type="checkbox"/>
(e) Required to comply with a legal obligation.	<input type="checkbox"/>

## PERSONAL DATA TO BE ERASED

Describe the personal data you wish to have erased.

- iii. 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