FORM TO BE USED FOR THE EXERCISE OF INDIVIDUAL'S RIGHTS IN CONNECTION WITH THE PROTECTION OF PERSONAL DATA – to be sent to: web.HR-SouthAfrica@ilpea.com

Protection of Personal Information Act. 4 of 2013 of South Africa (referred to as "POPIA")

The undersigned..... born in.....on....., with identity number ....., hereby requests to exercise the following rights:

1. Access to personal data

   (section 23 of POPIA, read with sections 18 and 53 of the Promotion of Access to Information Act, 2 of 2000 (PAIA))

   The undersigned [tick only the applicable boxes]:

   ☐ requests confirmation as to whether or not his/her personal data are being processed;

   ☐ if so, requests access to such data, a copy thereof, and all the information provided which request must be made in terms of section 18 of PAIA by completing Form 1 attached to this circular. In particular, you may request:

   • the purposes of the processing;

   • the categories of personal data processed;

   • the recipients or categories of recipients to whom the personal data have been or will be disclosed, in particular recipients in third countries or international organizations;

   • the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period;

   • the origin of the data (i.e., the entity or specific source from which the data were collected);

   • the existence of automated decision-making, including profiling, and meaningful information about the logic involved, as well as the significance and envisaged consequences of such processing for the data subject.

2. Request for Action on Data

(sections 14 and 24 of POPIA) using the attached Form 2

The undersigned requests the following actions [tick applicable boxes]:

☐ Rectification and/or updating of data;

☐ Erasure of data for the following reasons (please specify):

a) inaccurate, irrelevant, excessive, out of date, incomplete, misleading or obtained unlawfully;

b) the responsible party is no longer authorised to retain this personal data;

☐ Restriction of processing (section 14(6) of POPIA) for the following reasons (tick the appropriate box):

☐ The accuracy of the personal data is contested;

☐ The data processing is unlawful and and the data subject opposes its destruction or deletion and requests the restriction of its use instead;

☐ the data subject requests to transmit the personal data into another automated processing system.

This request concerns [indicate the personal data, categories of data, or processing to which it refers]:

_____
_____

3. Objection to processing

(Section 11(3) of POPIA).

☐ The undersigned objects to the processing of his/her personal data pursuant to section 11(3)(a) of POPIA for the following reasons relating to his/her particular situation (please specify):

_____
_____

4. **Objection to processing for direct marketing purposes**

(Section 11(3)(b))

☐ The undersigned objects to the processing of his/her data for the purposes of sending advertising materials or direct selling or for carrying out market research or commercial communications._____

Reply address:

Street/Place City/Province/Zip Code _____

or Email/Certified Email: _____

Possible clarifications

The undersigned specifies [provide additional information or attach documents]:

_____

_____

(Place and date) _____

Signature _____

[Please attach copy of your ID]

FORM 1

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

1. *Proof of identity must be attached by the requester.*
2. *If requests made on behalf of another person, proof of such authorisation, must be attached to this form.*

TO: The Information Officer _____[address]

E-mail address: _____

Fax number: _____

Mark with an "X"

☐ Request is made in my own name

☐ Request is made on behalf of another person.

PERSONAL INFORMATION				
Full Names				
Identity Number				
Capacity in which request is made *(when made on behalf of another person)*				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B):		Facsimile:	
	Cellular:			
Full names of person on whose behalf request is made *(if applicable)*:				

Identity Number				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:	
Reference number, if available	
Any further particulars of record	

TYPE OF RECORD

(Mark the applicable box with an "X")

Record is in written or printed form	
Record comprises virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	

FORM OF ACCESS

(Mark the applicable box with an "X")

Printed copy of record *(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)*	

Written or printed transcription of virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Transcription of soundtrack *(written or printed document)*	
Copy of record on flash drive *(including virtual images and soundtracks)*	
Copy of record on compact disc drive*(including virtual images and soundtracks)*	
Copy of record saved on cloud storage server	

MANNER OF ACCESS *(Mark the applicable box with an "**X**")*	
Personal inspection of record at registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)*	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format *(including transcriptions)*	
E-mail of information *(including soundtracks if possible)*	
Cloud share/file transfer	
Preferred language *(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)*	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED *If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.*	
Indicate which right is to be exercised or protected	
Explain why the record requested is required for the exercise or protection of the aforementioned right:	

FEES	
a) *A request fee must be paid before the request will be considered.* *b)* *You will be notified of the amount of the access fee to be paid.* *c)* *The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.* *d)* *If you qualify for exemption of the payment of any fee, please state the reason for exemption*	
Reason	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication *(Please specify)*

Signed at_____this_____day of_____20 _____

_____

Signature of Requester / person on whose behalf request is made

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FOR OFFICIAL USE

Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

_____

Signature of Information Officer

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, 2017

[Regulation 3(2)]

NOTE:

1. *Affidavits or other documentary evidence in support of the request must be attached.*
2. *If the space provided for this form is inadequate, submit information as an annexure to this form and sign each page.*

Mark with an "X"

☐ Request is made for correction or deletion of the personal information of the data subject which is in possession or under control of the responsible party.

☐ Destroy or deletion of a record of personal information about the data subject which is in possession or under control of the responsible party and who is no longer authorized to retain the record of information.

DETAILS OF THE DATA SUBJECT	
Full Names	
Identity Number	
Residential, postal or business address	
Contact number	
Fax number	
Email address	
DETAILS OF THE RESPONSIBLE PARTY	
Full Name of Responsible Party (if the responsible party is a person)	

Residential, postal or business address	
Contact number	
Fax number	
Email address	