

Request for Correction or Deletion of Personal Information or Destruction or Deletion of Record of Personal Information in Terms of Section 24(1) of The Protection of Personal Information Act (4 of 2013)

Regulations relating to the Protection of Personal Information, 2018 [Regulation 3]

NOTE:

- Affidavits or other documentary evidence as applicable in support of the request may be attached. The identity of person making this request will be verified.
- If the space provided for in this form is inadequate, submit information as an annexure to this form and sign each page.
- **If this request is made on behalf of a Data Subject describe your capacity, contact details and proof that you are authorised by the Data Subject at the end of this form.**
- **Complete and return with proof of your identity to informationofficer@retinasa.org.za.**

This request is for: **Mark the appropriate box with an X**

Correction or deletion of the personal information about the data subject which is in possession or under the control of Retina South Africa (the responsible party).

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of Retina South Africa (the responsible party) and who is no longer authorised to retain the record of information.

| A. Details of the Data Subject (to whom the personal information belongs) | | | | |
|---|---|---|---|--|
| Relationship to Retina South Africa | Patient/Parent (Member) <input type="checkbox"/> | Family of Patient <input type="checkbox"/> | Subscriber (Friend) <input type="checkbox"/> | eNews Subscriber <input type="checkbox"/> |
| | Committee Member <input type="checkbox"/> | Employee <input type="checkbox"/> | Former Employee <input type="checkbox"/> | Cyclist <input type="checkbox"/> |
| | Sponsor/Donor <input type="checkbox"/> | Vendor <input type="checkbox"/> | Volunteer <input type="checkbox"/> | Other <input type="checkbox"/> |
| | If OTHER, provide details: | | | |
| Name(s) and surname OR registered name (entity) | | | | |
| ID / Passport Number | | | | |
| Residential, postal or business address, include postal code | | | | |
| Contact number(s) | | | | |
| eMail address | | | | |

| B. Details of the Responsible Party | |
|-------------------------------------|--|
| Registered name | Retina South Africa |
| Business address | 2 nd Floor Sami.G Office Square, 80 Greenvale Road, Wilbart, Germiston, 1401 |
| Contact number(s) | 0860595959 or 0114501181 |
| Information Officer: | |
| Name | Denise Jacobs |
| Contact Number | 0823243814 |
| eMail address | informationofficer@retinasa.org.za |

| C. Information to be CORRECTED or DELETED <i>eg. names, contact information, marital status, ID, date of birth, family names, doctor</i> |
|---|
| |
| OR <u>Record</u> to be CORRECTED or DELETED (once deleted record cannot be recovered) <i>eg. membership record, subscriber record, child or family member record</i> |
| |

| D. Reasons for DESTRUCTION or DELETION of personal information of the data subject <i>eg. relocation, now married, new mobile phone number</i> |
|---|
| |
| OR Reasons for the DESTRUCTION or DELETION of a <u>record</u> of personal information of a data subject which the responsible party may no longer retain <i>eg. emigration, deceased family member, no longer want to be a member/subscriber</i> |
| |

| E. Authorised Person making request on behalf of the Data Subject (if applicable) | |
|---|--|
| Name(s) and surname | |
| ID / Passport Number | |
| Residential, postal or business address, include postal code | |
| Contact number(s) | |

| | |
|--|--|
| eMail address | |
| Capacity | |
| Attach proof of authorisation from Data Subject | |

Signed at: _____

Date: _____

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Signature of data subject/authorised person