RETINA SOUTH AFRICA (NPO 003-184)
eMail: headoffice@retinasa.org.za
Postnet Suite 75, Private Bag X10020, Edenvale 1610
Tel: 0860595959 Fax: 0866 536392

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) ☐**	**Family of Patient ☐**	**Subscriber (Friend) ☐**	**eNews Subscriber ☐**
	Committee Member ☐	**Employee ☐**	**Former Employee ☐**	**Cyclist ☐**
	Sponsor/ Donor ☐	**Vendor ☐**	**Volunteer ☐**	**Other ☐**
	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	**2nd 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 *eg. names, contact information, marital status, ID, date of birth, family names, doctor*
OR Record to be CORRECTED or DELETED (once deleted record cannot be recovered) *eg. membership record, subscriber record, child or family member record*

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

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: _____

Signature of data subject/authorised person