

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 Protection of Personal Information Act, 2013 (Act no. 4 of 2013)

Regulations relating to the protection of personal information, 2018 [Regulation 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the objection 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:

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

A - DETAILS OF DATA SUBJECT

Name(s) surname/
registered name of data subject:

ID / Passport number:

Vox account / order number:

Residential, postal or business address:

Code:

Mobile Number:

Fax number/ Email address:

B - DETAILS OF RESPONSIBLE PARTY

Name(s) and surname / Registered name of responsible party:

Vox Telecommunications (PTY) LTD

Residential, postal or business address:

5th Floor, 5 Magwa Crescent, Waterfall City, Waterfall, Gauteng

Code: 2 0 9 0

C- REASONS FOR OBJECTION IN TERMS OF SECTION 11 (1) (d) to (f)

(Please provide detailed reasons for the objection)

D - REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1)

(a) which is in possession or under the control of the responsible party; and or reasons for destruction or deletion of a record of personal information about the data subject in terms of section 24 (1)

(b) which the responsible party is no longer authorised to retain (please provide detailed reasons for the request)

Signed at _____ this ____ day of _____ 20 __

Signature of data subject/designated person

NOTE: Please send this form to: legalnotifications@voxtelcom.co.za