

**FORM: ERASURE**

**REQUEST FOR ERASURE OF PERSONAL INFORMATION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

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:**

- Erasure 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of the responsible party and who is no longer authorised to retain the record of information / or which is relevant or out of date / incomplete.**

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Name(s) and surname / registered name of data subject:	
Unique Identifier / Identity Number:	
Residential, postal or business address:	_____ _____ _____ Code ( _____ )
Contact number(s):	
Fax number / E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname / Registered name of responsible party:	
Residential, postal or business address:	_____ _____ _____ Code ( _____ )
Contact number(s):	
Fax number / E-mail address:	
<b>C</b>	<b>INFORMATION TO BE ERASED</b>
<b>D</b>	<b>REASONS FOR *ERASURE /DELETION /DESTRUCTION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF</b>

	<p><b>SECTION 24(1)(a) or 24(1) (b) section 14 and WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN</b></p> <p><i>(Please provide detailed reasons for the request)</i></p>

Signed at ..... on this ..... day of ..... 20.....

.....

*Signature of data subject / designated person*