MY OPTOMETRIST INC

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETING 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, 2018 (Regulation 3)

Mark the appropriate box with an "x"

Request for:

☐ Correction or deletion of 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 authorized to retain the record of information

A	**DETAILS OF DATA SUBJECT**
Name(s) and Surname:	
Identity number:	
Residential, postal address:	
Contact number(s):	
E-mail address:	
B	**DETAILS OF RESPONSIBLE PARTY**
Name(s) and Surname:	Marléne Pretorius for My Optometrist Inc
Business, postal address:	PoBox 6689 Westgate 1734
Contact number(s):	011 568 0250 / 076 052 1258
E-mail address:	marlene@myoptometrist.co.za
C	**INFORMATION TO BE CORRECTED/DELETED/DESTRUCTED/DESTROYED**
D	**REASON 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** **REASON 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**

Signed at …… this …….. Day of …….. 20…….

……..
Signature of designated person