MY OPTOMETRIST INC

APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSE OF DIRECT MARKETING IN TERMS OF SECTION 69(2) OF THE PROTECTION OF PERSONAL INROMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 (Regulation 6)

TO:	**DETAILS OF DATA SUBJECT**
Name(s) and Surname:	
Identity number:	
Contact number(s):	
E-mail address:	
FROM:	**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

Full names and designation of person signing on behalf of responsible party:

_____

……

Signature of designated person Date: _____

PART B

I, _____ (full names of data subject) hereby:

☐ Give my consent

To receive direct marketing of goods or services to be marketed by means of electronic communication.

SPECIFY GOODS or SERVICES: _____

SPECIFY METHOD OF COMMUNICATION: E-MAIL & WHATSAPP
OTHER

Signed at …… This …… day of …… 20…….

……

Signature of data subject