	MANUAL PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO.2 OF 2000 (AS AMENDED)			
	Author:	Information Officer	Issue Date:	July 2025
	Approver:	Information Officer	Review Date:	July 2026
	Doc. No:	APO014-06	Issue No:	06

**ANNEXURE D (FORM 4): REQUEST FOR COLLECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION 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 RELATION TO THE PROTECTION OF PERSONAL INFORMATION, 2017 [Regulation 3(2)]**

NOTE:

- 1. Affidavits or other documentary evidence in support of the request must be attached.
- 2. If the space provided for in this Form is inadequate, submit information as an Annexure to thisForm and sign each page.

Reference Number \_\_\_\_\_

Mark the appropriate box with an “x”

1. 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.

☐

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

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DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	
	Code (    )
Contact number(s):	
Fax number:	
e-mail address:	

<div> <small>Real Heritage. Real People. Real Health Care.</small></div>	MANUAL PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO.2 OF 2000 (AS AMENDED)			
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REASONS FOR

\*CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/  
  
\*DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IN IN THE POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY  
*(Please provide detailed reasons for the objection)*

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Data Subject*