

**CITY MEDICAL WHOLESALERS (PTY) (LTD)**

**THE PROMOTION OF ACCESS TO INFORMATION MANUAL**

**("Manual")**

## 1. PREAMBLE

- 1.1. The *Promotion of Access to Information Act, 2000* (“**PAIA**”) came into operation on 9 March 2001. PAIA seeks, among other things, to give effect to the Constitutional right of access to any information held by the State or by any other person where such information is required for the exercise or protection of any right and gives natural and juristic persons the right of access to records held by either a private or public body, subject to certain limitations, in order to enable them to exercise or protect their rights. Where a request is made in terms of PAIA to a private body, that private body must disclose the information if the requester is able to show that the record is required for the exercise or protection of any rights, and provided that no grounds of refusal contained in PAIA are applicable. PAIA sets out the requisite procedural aspects in respect to information requests.
- 1.2. Section 51 of PAIA obliges private bodies to compile a manual to enable a person to obtain access to information held by such private body and stipulates the minimum requirements that the manual has to comply with.
- 1.3. This Manual constitutes City Medical Wholesalers (Pty) (Ltd) PAIA manual. This Manual is compiled in accordance with section 51 of PAIA as amended by the *Protection of Personal Information Act, 2013* (“**POPIA**”), which gives effect to everyone’s Constitutional right to privacy. POPIA promotes the protection of personal information processed by public and private bodies, including certain conditions so as to establish minimum requirements for the processing of personal information. POPIA amends certain provisions of PAIA, balancing the need for access to information against the need to ensure the protection of personal information by providing for the establishment of an Information Regulator to exercise certain powers and perform certain duties and functions in terms of POPIA and PAIA, providing for the issuing of codes of conduct and providing for the rights of persons regarding unsolicited electronic communications and automated decision making in order to regulate the flow of personal information and to provide for matters concerned therewith.
- 1.4. This PAIA manual also includes information on the submission of objections to the processing of personal information and requests to delete or destroy personal information or records thereof in terms of POPIA.

VERSION	POLICY OWNER	DATE
1.0	[POPIA001]	[24/06/21]

## 2. ABOUT CITY MEDICAL WHOLESALERS (PTY) (LTD)

City Medical Wholesalers and its Group of Companies are dedicated to improving patient's lives through its quality and affordable life-saving medicines, through excellent service delivery and striving towards better health for all South Africans.

## 3. CONTACT DETAILS

Name of Private Body: City Medical Wholesalers (Pty) (Ltd)

Designated Information Officer: Sumeet Harry

Email address of Information Officer: [sumeet@citymedical.co.za](mailto:sumeet@citymedical.co.za)

Postal address: Private bag X12, Pretoria West, 0117

Street address: 335 Frederick Street, Pretoria West, 0117

Phone number: 012 749 1300

E Mail: [sumeet@citymedical.co.za](mailto:sumeet@citymedical.co.za)

## 4. INFORMATION REGULATORS GUIDE

An official Guide has been compiled which contains information to assist a person wishing to exercise a right of access to information in terms of PAIA and POPIA. This Guide is made available by the Information Regulator (established in terms of POPIA). Copies of the updated Guide are available from Information Regulator in the manner prescribed. Any enquiries regarding the Guide should be directed to:

**Postal Address:** 33 Hoofd Street  
Forum III, 3<sup>rd</sup> Floor Braampark  
Braamfontein, Johannesburg

**Telephone Number:** [                    ]

**Fax Number:** [                    ]

**E-mail Address:** [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

**Website:** <https://www.justice.gov.za/inforeg/>

## 5. OBJECTIVES OF THIS MANUAL

The objectives of this Manual are:

- 5.1. to provide a list of all records held by City Medical Wholesalers (Pty) (Ltd);
- 5.2. to set out the requirements with regard to who may request information in terms of PAIA as well as the grounds on which a request may be denied;
- 5.3. to define the manner and form in which a request for information must be submitted; and
- 5.4. to comply with the additional requirements imposed by POPIA.

## 6. ENTRY POINT FOR REQUESTS

- 6.1. PAIA provides that a person may only make a request for information, if the information is required for the exercise or protection of a legitimate right.
- 6.2. Information will therefore not be furnished unless a person provides sufficient particulars to enable City Medical Wholesalers (Pty) (Ltd) to identify the right that the requester is seeking to protect as well as an explanation as to why the requested information is required for the exercise or protection of that right. The exercise of an individual's rights is subject to justifiable limitations, including the reasonable protection of privacy, commercial confidentiality and effective, efficient and good governance. PAIA and the request procedure contained in this Manual may not be used for access to a record for criminal or civil proceedings, nor should information be requested after the commencement of such proceedings.
- 6.3. The Information Officer has been delegated with the task of receiving and co-ordinating all requests for access to records in terms of PAIA, in order to ensure proper compliance with PAIA and POPIA.
- 6.4. The Information Officer will facilitate the liaison with its legal team on all of these requests.
- 6.5. All requests in terms of PAIA and this Manual must be addressed to the Information Officer using the details in paragraph 3 above.

## 7. AUTOMATICALLY AVAILABLE INFORMATION

- 7.1. Information that is obtainable via the City Medical Wholesalers (Pty) (Ltd) website about City Medical Wholesalers (Pty) (Ltd) is automatically available and need not be formally requested in terms of this Manual.
- 7.2. The following categories of records are automatically available for inspection, purchase or photocopying:

- 7.2.1. brochures
- 7.2.2. press releases
- 7.2.3. publications; and
- 7.2.4. various other marketing and promotional material.

## 8. **INFORMATION AVAILABLE IN TERMS OF POPIA**

8.1. In terms of POPIA, personal information must be processed for a specified purpose. The purpose for which data is processed by City Medical Wholesalers (Pty) (Ltd) will depend on the nature of the data and the particular data subject. This purpose is ordinarily disclosed, explicitly or implicitly, at the time the data is collected. Please also refer to the City Medical Wholesalers (Pty) (Ltd) Privacy Policy for further information.

### 8.2. **Categories of personal information collected by City Medical Wholesalers (Pty) (Ltd)**

City Medical Wholesalers (Pty) (Ltd) collects the following categories of personal information:

- 8.2.1. Customer Information when onboarding, which include but are not limited to, Name, address, contact numbers, postal details and email
- 8.2.2. Statutory information in complying with SAPHRA regulations, such as relevant certificates, licenses and ID Copies.
- 8.2.3. Supplier banking details for the payment of creditors.
- 8.2.4. Employee basic information.

### 8.3. **The purpose of processing personal information**

Depending on the category of personal information which is collected, the purposes for processing may include:

- 8.3.1. Opening of new customer accounts.
- 8.3.2. Supplier details for the processing of purchases and expense payments.
- 8.3.3. H.R records on each employee.

### 8.4. **A description of the categories of data subjects and of the information or categories of information relating thereto**

City Medical Wholesalers (Pty) (Ltd) holds information and records on the following categories of data subjects:

- 8.4.1. Customer Information as per 8.2.1 above.
- 8.4.2. Information regarding customer purchase trends, as well as product information on customer purchases.
- 8.4.3. Supplier information such as bank details.
- 8.4.4. Employee information

**8.5. The recipients or categories of recipients to whom the personal information may be supplied**

Depending on the nature of the personal information, City Medical Wholesalers (Pty) (Ltd) may supply information or records to the following categories of recipients:

- 8.5.1. SAPHRA

**8.6. Planned transborder flows of personal information**

- 8.6.1. Not applicable

**8.7. A general description of information security measures to be implemented by City Medical Wholesalers (Pty) (Ltd)**

City Medical Wholesalers (Pty) (Ltd) takes extensive information security measures to ensure the confidentiality, integrity and availability of personal information in its possession. City Medical Wholesalers (Pty) (Ltd) takes appropriate technical and organisational measures designed to ensure that personal data remains confidential and secure against unauthorised or unlawful processing and against accidental loss, destruction or damage.

**9. INFORMATION AVAILABLE IN TERMS OF OTHER LEGISLATION**

Information is available in terms of certain provisions of the following legislation to the persons or entities specified in such legislation:

- *Administration of Estates Act 66 of 1965*
- *Basic Conditions of Employment Act 75 of 1997*
- *Companies Act 61 of 1973*
- *Compensation for Occupational Injuries and Health Diseases Act 130 of 1993*

- *Employment Equity Act 55 of 1998*
- *Income Tax Act 58 of 1962*
- *Insolvency Act No. 24 of 1936*
- *Labour Relations Act 66 of 1995*
- *Occupational Health & Safety Act 85 of 1993*
- *Pension Funds Act 24 of 1956*
- *Pharmacy Act 53 of 1974*
- *Skills Development Act 97 of 1998*
- *Skills Development Levies Act 9 of 1999*
- *Stamp Duties Act 77 of 1968*
- *Stock Exchanges Control Act 1 of 1985* (and the rules and listing requirements of the JSE Securities Exchange authorised in terms thereof)
- *Unemployment Contributions Act 4 of 2002*
- *Unemployment Insurance Act 30 of 1966*
- *Value Added Tax Act 89 of 1991*

#### 10. CATEGORIES OF RECORDS AVAILABLE UPON REQUEST

- 10.1. City Medical Wholesalers (Pty) (Ltd) maintains records on the categories and subject matters listed below. Please note that recording a category or subject matter in this Manual does not imply that a request for access to such records would be honoured. All requests for access will be evaluated on a case by case basis in accordance with the provisions of PAIA.
- 10.2. Please note further that many of the records held by City Medical Wholesalers (Pty) (Ltd) are those of third parties, such as clients and employees, and City Medical Wholesalers (Pty) (Ltd) takes the protection of third party confidential information very seriously. In particular, where City Medical Wholesalers (Pty) (Ltd) acts as professional advisors to clients, many of the records held are confidential and others are the property of the client and not of City Medical Wholesalers (Pty) (Ltd). For further information on the grounds of refusal of access to a record please see paragraph 11.5 below. Requests for access to these records will be considered very carefully. Please ensure that requests for such records are carefully motivated.

Category of records	Records
<p><b>Internal records</b></p> <p>The records listed pertain to City Medical Wholesalers (Pty) (Ltd) own affairs</p>	<ul style="list-style-type: none"> <li>• Memoranda and Articles of Association</li> <li>• Financial records</li> <li>• Operational records</li> <li>• Intellectual property</li> <li>• Marketing records</li> <li>• Internal correspondence</li> </ul>

Category of records	Records
	<ul style="list-style-type: none"> <li>• Service records</li> <li>• Statutory records</li> <li>• Internal policies and procedures</li> <li>• Minutes of meetings</li> </ul>
<p><b>Personnel records</b></p> <p>For the purposes of this section, “<b>personnel</b>” means any person who works for or provides services to or on behalf of City Medical Wholesalers (Pty) (Ltd) and receives or is entitled to receive any remuneration and any other person who assists in carrying out or conducting the business of City Medical Wholesalers (Pty) (Ltd). This includes partners, directors, all permanent, temporary and part-time staff as well as consultants and contract workers.</p>	<ul style="list-style-type: none"> <li>• Any personal records provided to us by our personnel</li> <li>• Any records a third party has provided to us about any of their personnel</li> <li>• Conditions of employment and other personnel-related contractual and quasi legal records</li> <li>• Employment policies and procedures</li> <li>• Internal evaluation and disciplinary records and</li> <li>• Other internal records and correspondence.</li> </ul>
<p><b>Client-related records</b></p>	<ul style="list-style-type: none"> <li>• Contracts with the client and between the client and other persons.</li> </ul>
<p><b>Other third party records</b></p> <p>Records are kept in respect of other parties, including without limitation joint ventures and consortia to which City Medical Wholesalers (Pty) (Ltd) is a party, contractors and sub-contractors, suppliers, service providers, and providers of information regarding general market conditions. In addition, such other parties may possess records which can be said to belong to City Medical Wholesalers (Pty) (Ltd).</p>	<ul style="list-style-type: none"> <li>• Personnel, client, or City Medical Wholesalers (Pty) (Ltd) records which are held by another party as opposed to being held by City Medical Wholesalers (Pty) (Ltd)</li> <li>• Records held by City Medical Wholesalers (Pty) (Ltd) pertaining to other parties, including financial records, correspondence, contractual records, records provided by the other party, and records third parties have provided about the contractors or suppliers.</li> </ul>
<p><b>Other records</b></p>	<ul style="list-style-type: none"> <li>• Information relating to City Medical Wholesalers (Pty) (Ltd)</li> </ul>



Category of records	Records
	<ul style="list-style-type: none"> <li>• Research information belonging to City Medical Wholesalers (Pty) (Ltd) or carried out on behalf of a third party.</li> </ul>

## 11. REQUEST PROCEDURE

### 11.1. Completion of the prescribed form

- 11.1.1. Any request for access to a record in terms of PAIA must substantially correspond with Form C of Annexure B to Government Notice No. R.187 dated 15 February 2002 and should be specific in terms of the record requested. Please refer to Appendix A.
- 11.1.2. A request for access to information which does not comply with the formalities as prescribed by PAIA will be returned to you.
- 11.1.3. POPIA provides that a data subject may, upon proof of identity, request City Medical Wholesalers (Pty) (Ltd) to confirm, free of charge, all the information it holds about the data subject and may request access to such information, including information about the identity of third parties who have or have had access to such information.
- 11.1.4. POPIA also provides that where the data subject is required to pay a fee for services provided to him/her, City Medical Wholesalers (Pty) (Ltd) must provide the data subject with a written estimate of the payable amount before providing the service and may require that the data subject pays a deposit for all or part of the fee.
- 11.1.5. Grounds for refusal of the data subject's request are set out in PAIA and are discussed below.
- 11.1.6. POPIA provides that a data subject may object, at any time, to the processing of personal information by City Medical Wholesalers (Pty) (Ltd), on reasonable grounds relating to his/her particular situation, unless legislation provides for such processing. The data subject must complete the prescribed form attached hereto as Appendix C and submit it to the Information Officer at the postal or physical address, facsimile number or electronic mail address set out above.
- 11.1.7. A data subject may also request City Medical Wholesalers (Pty) (Ltd) to correct or delete personal information about the data subject in its possession or under

its control that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading or obtained unlawfully; or destroy or delete a record of personal information about the data subject that City Medical Wholesalers (Pty) (Ltd) is no longer authorised to retain records in terms of POPIA's retention and restriction of records provisions.

- 11.1.8. A data subject that wishes to request a correction or deletion of personal information or the destruction or deletion of a record of personal information must submit a request to the Information Officer at the postal or physical address, facsimile number or electronic mail address set out above on the form attached hereto as Appendix D.

## 11.2. **Proof of identity**

Proof of identity is required to authenticate your identity and the request. You will, in addition to this prescribed form, be required to submit acceptable proof of identity such as a certified copy of your identity document or other legal forms of identity.

## 11.3. **Payment of the prescribed fees**

- 11.3.1. There are two categories of fees which are payable:

11.3.1.1. the request fee: R50

11.3.1.2. the access fee: This is calculated by taking into account reproduction costs, search and preparation costs, as well as postal costs. These fees are set out in Appendix B.

- 11.3.2. Section 54 of PAIA entitles City Medical Wholesalers (Pty) (Ltd) to levy a charge or to request a fee to enable it to recover the cost of processing a request and providing access to records. The fees that may be charged are set out in Regulation 9(2)(c) promulgated under PAIA.

- 11.3.3. Where a decision to grant a request has been taken, the record will not be disclosed until the necessary fees have been paid in full.

## 11.4. **Timelines for consideration of a request for access**

- 11.4.1. Requests will be processed within 30 (thirty) days, unless the request contains considerations that are of such a nature that an extension of the time limit is needed.

11.4.2. Should an extension be required, you will be notified, together with reasons explaining why the extension is necessary.

11.5. **Grounds for refusal of access and protection of information**

11.5.1. There are various grounds upon which a request for access to a record may be refused. These grounds include:

- the protection of personal information of a third person (who is a natural person) from unreasonable disclosure;
- the protection of commercial information of a third party (for example: trade secrets; financial, commercial, scientific or technical information that may harm the commercial or financial interests of a third party);
- if disclosure would result in the breach of a duty of confidence owed to a third party;
- if disclosure would jeopardise the safety of an individual or prejudice or impair certain property rights of a third person;
- if the record was produced during legal proceedings, unless that legal privilege has been waived;
- if the record contains trade secrets, financial or sensitive information or any information that would put City Medical Wholesalers (Pty) (Ltd) (at a disadvantage in negotiations or prejudice it in commercial competition); and/or
- if the record contains information about research being carried out or about to be carried out on behalf of a third party or by City Medical Wholesalers (Pty) (Ltd).

11.5.2. Section 70 of PAIA contains an overriding provision. Disclosure of a record is compulsory if it would reveal (i) a substantial contravention of, or failure to comply with the law; or (ii) there is an imminent and serious public safety or environmental risk; and (iii) the public interest in the disclosure of the record in question clearly outweighs the harm contemplated by its disclosure.

11.5.3. If the request for access to information affects a third party, then such third party must first be informed within 21 (twenty one) days of receipt of the request. The third party would then have a further 21 (twenty one) days to make representations and/or submissions regarding the granting of access to the record.

12. **REMEDIES AVAILABLE TO A REQUESTER ON REFUSAL OF ACCESS**

- 12.1. If the Information Officer decides to grant you access to the particular record, such access must be granted within 30 (thirty) days of being informed of the decision.
- 12.2. There is no internal appeal procedure that may be followed after a request to access information has been refused. The decision made by the Information Officer is final. In the event that you are not satisfied with the outcome of the request, you are entitled to apply to a court of competent jurisdiction to take the matter further.
- 12.3. Where a third party is affected by the request for access and the Information Officer has decided to grant you access to the record, the third party has 30 (thirty) days in which to appeal the decision in a court of competent jurisdiction. If no appeal has been lodged by the third party within 30 (thirty) days, you must be granted access to the record.

13. **AVAILABILITY OF THIS MANUAL**

Copies of this Manual are available for inspection, free of charge, at the offices of City Medical Wholesalers (Pty) (Ltd)

**APPENDIX A - FORM C: REQUEST FORM****ACCESS REQUEST FORM****Particulars of City Medical Wholesalers (Pty) (Ltd)'s Information Officer**

Requests can be submitted either via post, e-mail or fax and should be addressed to the Information Officer as indicated below:

<b>Information Officer</b>	Sumeet Harry
<b>Street Address</b>	335 Frederick Street Pretoria West 0117
<b>Postal Address</b>	Private Bag X12 Pretoria West 0117
<b>Telephone</b>	012 749 1300
<b>Fax</b>	N/A
<b>Email</b>	sumeet@citymedical.co.za
<b>Website</b>	<a href="http://www.citymedical.co.za">www.citymedical.co.za</a>

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**Particulars of person requesting access to the record**

- a) *The particulars of the person who requests access to the record must be given below.*
- b) *The address and/or fax number in the Republic to which the information is to be sent must be given.*

- c) *Proof of capacity in which the request is made, if applicable, must be attached.*

**Full names and**

**surname:**

**Identity number:**

**Postal address:**

**Fax number:**

**Telephone number:**

**E-mail address:**

**Capacity in which the request is made, when made on behalf of another person:**

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**Particulars of person requesting access to the record (if a legal entity)**

- a) *The particulars of the entity who requests access to the record must be given below.*
- b) *The address and/or fax number in the Republic to which the information is to be sent must be given.*
- c) *Proof of capacity in which the request is made, if applicable, must be attached.*

**Name of entity:**

**Registration number:**

**Postal address:**

**Fax number:**

**Telephone number:**

**E-mail address:**

**Particulars of person on whose behalf request is made**

*This section must ONLY be completed if a request for information is made on behalf of another person.*

**Full names and  
surname:**

**Identity number:**

**Particulars of record**

- a) *Provide full particulars of the record to which access is requested, including the reference number if it is known to you, to enable the record to be requested.*
- b) *If the space provided is inadequate, please use a separate folio and attach it to this form. Please sign any additional folios.*

**Description of record or relevant part of the  
record:**

**Reference number (if available):**

**Any further particulars of record:**

**FEES**

- a) *A request for access to a record will be processed only after a request fee has been paid.*
- b) *You will be notified of the amount to be paid as the request fee.*
- c) *The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.*
- d) *If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

**Reason for exemption of payment of fees:**

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**FORM OF ACCESS TO RECORD**

Form in which record is  
required.

Mark the appropriate box

with an X

NOTES

- a) *Compliance with your request in the specified form may depend on the form in which the record is available.*
- b) *Access in the form requested may be refused under certain circumstances. In such a case you will be informed whether access will be granted in another form.*
- c) *The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.*

If the record is in written or printed form

	Copy of record		Inspection of record
If record consists of visual images			

	View the images		Copy of the images		Transcription of the images
If the record consists of recorded information that can be reproduced in sound					

	Listen to the soundtrack (audio)		Transcription of soundtrack
If the record is held on computer or in an electronic or machine-readable form (this includes photographs, slides, video recordings, computer generated images, sketches etc.)			

	Printed copy of record		Printed copy of information derived from the record		Copy in computer readable form
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If you requested a copy or transcription of a record (above) do you wish the copy of transcription to be posted to you? Note that postage is payable.

Yes	No
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Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.



In which language would you prefer the record?

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**In the event of a disability**

*If you are prevented by a disability from reading, viewing or listening to the record, state your disability and indicate in the form in which the record is required:*

**Disability**

**Form in which record is required**

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**PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

*If the space provided is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all folios*

**1. Indicate the right to be exercised or protected:**

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**2. Explain why the record requested is required for the exercise or protection of the aforementioned right:**

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**NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

*You will be notified in writing whether your request has been approved or denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

**How would you prefer to be informed of the decision regarding your request for access to the record?**

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

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SIGNATURE OF REQUESTER/PERSON ON  
WHOSE BEHALF REQUEST IS MADE

PRINT NAME:

**YOU MUST**

- 1 Complete all necessary spaces
- 2 Sign the access request form Sign
- 3 Sign additional folios completed

**SEND WITH THIS APPLICATION**

- 1 The request fee
- 2 Any additional folios completed
- 3 Copy of Identity Document

## APPENDIX B: FEES IN RESPECT OF PRIVATE BODIES

Description		Rand
1	The fee for a copy of the manual as contemplated in regulation 9(2)(c) - for every photocopy of an A4-size page or part thereof.	1,10
2	<b>The fees for reproduction referred to in regulation 11(1) are as follows:</b>	
(a)	For every photocopy of an A4-size page or part thereof	1,10
(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine readable form	0,75
(c)	<b>For a copy in a computer-readable form on -</b>	
(i)	stiffy disc	7,50
(ii)	compact disc	70,00
(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	40,00
(ii)	For a copy of visual images	60,00
(e)(i)	For a transcription of an audio record, for an A4-size page or part thereof	20,00
(ii)	For a copy of an audio record	30,00
3	The request fee payable by a requester, other than a personal requester, referred to in regulation 11(2)	50,00
4	<b>The access fees payable by a requester referred to in regulation 11(3) are as follows:</b>	
4.1(a)	For every photocopy of an A4-size page or part thereof	1,10
(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine readable form	0,75
(c)	<b>For a copy in a computer-readable form on -</b>	
(i)	stiffy disc	7,50

(ii)	compact disc	70,00
(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	40,00
(ii)	For a copy of visual images	60,00
(e)(i)	For a transcription of an audio record, for an A4-size page or part thereof	20,00
(ii)	For a copy of an audio record	30,00
(f)	To search for and prepare the record for disclosure, R30,00 for each hour or part of an hour reasonably required for such search and preparation.	
4.2	<b>For purposes of section 54(2) of the Act, the following applies:</b>	
(a)	Six hours as the hours to be exceeded before a deposit is payable; and	
(b)	one third of the access fee is payable as a deposit by the requester.	
4.3	<b>The actual postage is payable when a copy of a record must be posted to a requester.</b>	

**APPENDIX C - OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

[Regulation 2]

*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.*

A	DETAILS OF DATA SUBJECT
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>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f)</b> <i>(Please provide detailed reasons for the objection)</i>


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

.....

*Signature of data subject/designated person*

**APPENDIX D: REQUEST FOR CORRECTION 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 RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

[Regulation 3]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the request 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 THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	





<b>D</b>	<b>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a)</b>
	<b>WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY ; and or</b>
	<b>REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b)</b>
	<b>WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</b>
	<i>(Please provide detailed reasons for the request)</i>

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

.....

*Signature of data subject/ designated person*