

FORM 2 — 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) — Regulation 3

Mark the appropriate box with an "X".

☐ 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 Data Subject

Name(s) and surname / registered name	
Identity / registration number	
Residential, postal or business address	
Contact number(s)	
Email address	

B. Details Of Responsible Party

Name / registered name	
Address	
Contact number(s)	
Email address	

C. Information To Be Corrected / Deleted / Destructed / Destroyed

D. Reasons For Correction Or Deletion In Terms Of Section 24(1)(a), Or Destruction Or Deletion In Terms Of Section 24(1)(b)

(Please provide detailed reasons for the request)

Signed at _____ this ____ day of _____ 20____

Signature of data subject / designated person

Send the completed form to the Information Officer, Diagnostics For U (Pty) Ltd and its brands — Johannesburg & Cape Town, by email or hand it in at any branch. We will respond within a reasonable time and in any event within 30 days.