

FORM: REQUESTS IN RELATION TO YOUR RIGHTS IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013 (POPIA)

Note:

1. All Personal Information collected in this form is for the purposes of assessing and giving effect to your requests. For more information on our processing activities, please visit our Privacy Statement on www.fsca.co.za
2. Affidavits or other documentary evidence as applicable in support of your requests may be attached.
3. If the space provided for in this form is inadequate, submit information as an Annexure to this form and sign each page.
4. All completed requests with supporting documentation must be submitted to Paia_popia@fsca.co.za

Mark the appropriate request box with “x” or tick and only complete the relevant sections

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|--|--|------------------------|
| | Objection to the Processing of your Personal Information. | Complete A, B, C, F, G |
| | Correct or delete Personal Information about the data subject in the possession or under the control of the FSCA that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully. | Complete A, B, D, F, G |
| | Destroy or delete a record of Personal Information about the data subject that the FSCA is no longer authorised to retain. | Complete A, B, E, F, G |

A. DETAILS OF THE DATA SUBJECT (to whom the request relates)

Proof of identification must be attached, for example, copy of ID, Passport. Certified copies must not be older than 3 months.

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| Full Names and Surname/Registered Name if data subject is a juristic person | |
| ID/Passport number or Registration number if data subject is a juristic person | |
| Residential, postal, or business address | |
| Contact number | |

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| E-mail address | |
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B. PARTICULARS OF PERSON MAKING REQUEST ON BEHALF OF THE DATA SUBJECT

*This section must be completed if the request is made on behalf of a data subject or juristic entity
Proof of capacity must be attached, for example power of attorney, affidavit, authorisation*

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|--|--|
| Full Names and Surname/Registered Name if data subject is a juristic person | |
| ID/Passport number or Registration number if data subject is a juristic person | |
| Capacity in which the request is made | |
| Contact number | |
| E-mail address | |

C. REASONS FOR OBJECTING TO THE PROCESSING OF YOUR PERSONAL INFORMATION

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| Provide detailed reasons for objecting to the processing of your personal information. | |
| If known, please provide details of the record to which the objection relates. | |

D. PERSONAL INFORMATION RECORDS TO BE CORRECTED OR DELETED

This section must be completed if the request is for correction or deletion of personal information about the data subject in the possession or under the control of the FSCA, and the information is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully

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| Provide detailed reasons for the correction or deletion. | |
| If known, please provide details of the record to which the correction or deletion relates. | |

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| E. PERSONAL INFORMATION RECORDS TO BE DELETED OR DESTROYED | |
| <i>This section must be completed if the request is for the destruction or deletion of a record of personal information about the data subject that the FSCA is no longer authorised to retain.</i> | |
| Provide detailed reasons for the destruction or deletion. | |
| If known, please provide details of the record to which the destruction or deletion relates. | |

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| F. MEANS OF CONTACT | | | | |
| <i>Please complete this section to inform us on how you would like to be contacted by marking the appropriate box with "x" and providing the relevant contact details.</i> | | | | |
| <i>We will use your preferred contact to notify you if your request has been granted or denied and the reasons for such denial where applicable.</i> | | | | |
| Tel No | | E-mail | | Physical Address |
| Relevant contact details | | | | |

G. SIGNATURE

Signed at this day of20.....

SIGNATURE OF DATA SUBJECT/DESIGNATED PERSON