

FORM 2

REQUEST: CORRECTION/DESTRUCTION OF PERSONAL INFORMATION

Sections 24(1)(a) and (b) of the Protection of Personal Information Act, 4 of 2013 read with Regulation 3 of the 2018 Regulations

Note:

1. This form must be fully completed.

Mark the appropriate box with "X":

- 2. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
- 3. If the space provided in this form is inadequate, submit information as an Annexure to this form and sign each page.

<u>Correction of personal information</u> about the data subject which is in possession or under the control of HILLCREST.					
	of a record of personal information about the data subject which is e control of HILLCREST and who is no longer authorised to retain the on.				
PARTICULARS OF	(THE RESPONSIBLE PARTY)				
THE RESPONSIBLE PARTY					
Registered name of Responsible Party					
Postal address					
Physical address					
Telephone number					
E-mail address					
Contact person					

B. PARTICULARS OF PERSON REQUESTING THE CORRECTION OR DELETION OF THE PERSONAL INFORMATION

The particulars of the person information must be provided in	n who is requesting the correction of deletion of the persona below.
The postal address, fax nun response must be sent must b	nber, and/or email address to which's e provided.
	he request is made (if applicable) must be attached, i.e., Data Subjec Subject, duly authorized, requesting on behalf of the Data Subject
Full name and surname	
Proof of identity	
Postal address	
Fax number	
Telephone number	
E-mail address	
Capacity in which request is made	
When made on behalf of another person, the basis of the authority to make the request must be stated	
	N WHOSE BEHALF REQUEST IS MADE ed ONLY if a request for information is made on behalf of another
Full name and surname	
Identity or company registration number	

C.

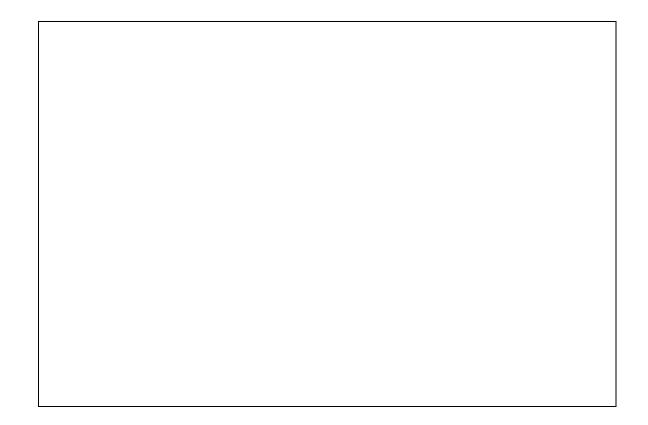
D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE REQUEST FOR CORRECTION OR DELETION

Provide full particulars of the personal information or record in respect of which the request for correction or deletion is made, including any reference number (if that is known to you) to enable the personal information or record to be located.

If the provided space is inadequate, please continue on a separate page and attach it to this form.

The Data Subject/Requester must sign all the additional pages.

Description of Personal Information / Record or Relevant part of the Personal Information Record	
Reference number (if available)	
Any further particulars of record	
Provide detailed reasons for to personal information and/or re If the provided space is inadeq	OR (b) READ WITH REGULATION 3 the correction (section 24(1)(a)) or deletion (section 24(1)(b)) of the ecord. Squate, please continue on a separate page and attach it to this form. Squate sign all the additional pages
The Data Subject/Requester m	ust sign all the additional pages



F. FEES

As per Regulation 2: NO charge will be levied by HILLCREST in respect of:

- · Assistance provided to complete this form, and
- The processing of this request.

G. TIME TO PROCESS REQUEST

The time period allowed to process your request will be 30 days.

If any longer time is needed, HILLCREST shall prior to the expiry of the mentioned 30 days notify you of the longer period of time required, which will not exceed 60 days.

H. RESPONSE TO REQUEST

HILLCREST will carefully consider the grounds on which you base your request. In case of HILLCREST agreeing with the grounds of your request, HILLCREST will provide you with an affirmative response including a confirmation that the correction or deletion has been affected (with credible evidence in this regard).

In case of HILLCREST not agreeing with the grounds of your request, HILLCREST shall provide you with a motivated response providing full reasons for its decision.

I. NOTICE OF DECISION REGARDING REQUEST

You will be notified in writing via your chosen communication method whether your request has been approved/ denied within 30 days or such longer such longer period required, which period shall not exceed an additional 60 days. 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 be informed of decision regard request for acc record?	the ling your				
Signed at		this	day of	20	
Printed name of Data Subject/Requester			Signature of Da	Signature of Data Subject/Requester	
Once completed,	this form should be	e submitted via em	nail:		
For Attention:	The Information	n Officer			
E-mail:	informationoffic	cer@hillcrestfarm.	co.za		