Data Subject Rights Request Form

In order for us to facilitate your request as best as possible, kindly complete all information necessary in as much detail as possible and submit these forms together with any necessary supporting documents to [privacy@bhbw.za.co](mailto:privacy@bhbw.za.co) . Once submitted, please allow for up to 72 hours before a correspondent replies accordingly. Thereafter, any further investigations and time periods needed will be communicated accordingly.

*For more on how we use your Personal Information, and the rights afforded to you in this regard, please refer to our Privacy Statement and PAIA Manual available on our website.*

**Section A**

Kindly complete the fields required in Section A in full in order for your request to be assigned and actioned accordingly. Guidance is given under the ‘Request’ heading of this Section as to which Appendix to complete to raise your request.

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| --- | --- |
| **Request made by:** | |
| Data Subject | Proxy (attach proof of authorization) |

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| --- | --- |
| **Data Subject Details** | |
| Name(s) and Surname |  |
| Identity/Passport Number |  |
| Postal Address |  |
| Contact Number(s) |  |
| Email Address |  |
| **Company Details (*if the data subject is a juristic entity*)** | |
| Company Name |  |
| Registration Number |  |
| Postal Address |  |
| Contact Number(s) |  |

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| **Proxy Details (if applicable)** | |
| Name(s) and Surname |  |
| Postal Address |  |
| Contact Number(s) |  |
| Email Address |  |

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| **Preferred Method of Correspondence:** | |
| Contact Number(s) Above | Email Address above |

|  |  |
| --- | --- |
| **Request:** | |
| For Correction to Records  *(complete to Appendix 1)* | For Objection of Records  *(complete to Appendix 1)* |
| For Deletion of Records  *(complete to Appendix 1)* | For Access to Records  *(complete to Appendix 2)* |

In order for the appropriate verifications to be made for this request, kindly provide us with the applicable proof(s) of identification (i.e., ID copy or Company registration) no older than 3 months.

**Appendix A**

**REQUEST FOR CORRECTION OF PERSONAL INFORMATION OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013**

**AND**

**REQUEST FOR OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 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 in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

3. Complete as applicable.

|  |
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| **RECORDS OF PERSONAL INFORMATION RELEVANT**  ***Please list all elements of personal information which should either be corrected, deleted or which processing is objected to (e.g. names, contact numbers, identity numbers, etc.)*** |
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| **REASONS FOR THE REQUEST**  ***in terms of either section 11 (1)(d) to (f) for Objection;***  ***section 24 (1)(a) for Correction; or***  ***section 24 (1)(b) for Deletion*** |
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Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_  
Signature of requester / person on whose behalf the request is made   
…………………………………………………………………………………………………………………………

**Appendix 2**

**REQUEST FOR ACCESS TO RECORDS**  
[Regulation 7]

**PERSONAL INFORMATION**

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| --- | --- |
| **PARTICULARS OF RECORDS REQUESTED *Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)*** | |
| Description of record or relevant part of the record: |  |
| Reference number, if available: |  |
| Any further particulars of record: |  |

|  |  |
| --- | --- |
| **TYPE OF RECORD BEING REQUESTED** *(Format/composition of record being requested - mark the applicable box with an "X")* | |
| Record is in written or printed form |  |
| Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) |  |
| Record consists of recorded words or information which can be reproduced in sound |  |
| Record is held on a computer or in an electronic, or machine-readable form |  |

|  |  |
| --- | --- |
| **FORM OF ACCESS DESIRED** *(Desired format of access to above record - mark the applicable box with an "X")* | |
| Printed copy of the record (including copies of any virtual images, transcriptions and information held on a computer or in an electronic or machine-readable form) |  |
| Written or printed transcription or virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) |  |
| Transcription of the soundtrack (written or printed document) |  |
| Copy of record on a flash drive (including virtual images and soundtracks) |  |
| Copy of record on compact disc drive (including virtual images and soundtracks) |  |
| Copy of record saved on a cloud storage server |  |

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| **MANNER OF TRANSFER** *(Desired manner of delivery of the above record - mark the applicable box with an "X")* | |
| Personal inspection of record at the registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on a computer or in an electronic or machine-readable form)* |  |
| Postal services to the postal address |  |
| Postal services to a street address |  |
| Courier service to a street address |  |
| Facsimile of information in written or printed format (including transcriptions) |  |
| E-mail of information (including soundtracks if possible) |  |
| Cloud share/file transfer |  |
| Preferred language:  *(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)* |  |

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| **FEES** | |
| 1. A request fee must be paid before the request will be considered. 2. You will be notified of the amount of the access fee to be paid. 3. 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. 4. If you qualify for exemption of the payment of any fee, please state the reason for exemption. | |
| Reason: |  |

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

|  |  |  |
| --- | --- | --- |
| Postal address | Facsimile | Electronic communication  (*Please specify*) |
|  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of requester / person on whose behalf the request is made

**FOR OFFICIAL USE**

|  |  |
| --- | --- |
| Reference number: |  |
| Request received by: *(state rank, name and surname of information officer)* |  |
| Date received: |  |
| Access fees: |  |
| Deposit (if any): |  |

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*Signature of Information Officer*