



Hazchemwize (Pty) Ltd

T/A HAZCHEMWIZE (PTY) LTD
REGISTRATION NUMBER: 2002/020331/07

DATA SUBJECT CONSENT WITHDRAWAL FORM

Registered Name(s) and Surname
of Data Subject:

Mark the box with an "x"

☐

Would like to withdraw my consent to process my Personal Information
by Hazchemwize (Pty) Ltd

Thus, Hazchemwize (Pty) Ltd no longer
has my consent to process my Personal
Information for the purpose of:

Specify legitimate reason of processing
Personal Information

My / Our Personal Information is as follows:

	DETAILS OF INDIVIDUAL
Registered Name(s) and Surname:	
Unique Identifier / Identity Number:	
Date of Birth:	
Contact number(s):	
E-mail address:	
Relationship to Responsible Party:	
OR	DETAILS OF JURISTIC PERSON
Registered Name:	
Registration Number:	
Contact number(s):	
E-mail address:	
Relationship to Responsible Party:	

Please provide a Copy of the following Documentation as Confirmation of your Personal Information:

<input type="checkbox"/>	Identity Document
<input type="checkbox"/>	Registration Certificate
<input type="checkbox"/>	Residential Address (and Proof of Residence attached)
<input type="checkbox"/>	Other

Please provide a copy of your ID and proof of address along with this request so that we can confirm your identity.

For juristic persons, supply a copy of the registration documents.

DATA SUBJECT

Signed at _____

on this _____ day of _____

LOCATIONDAYMONTHYEAR

Signature _____

Signed by _____

OF DATA SUBJECTNAME OF DATA SUBJECT

Data Subject Consent Withdrawal Form