



REPUBLIC OF SOUTH AFRICA

HAZCHEMWIZE (PTY) LTD

Registration Number: 2002/020331/07

FORM 2 PART II

REQUEST FOR:

**DESTROYING OR DELETION OF A RECORD
OF PERSONAL INFORMATION**

IN TERMS OF SECTION 24(1) OF

THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 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 for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Request For:

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. (See Section D below)

A	DETAILS OF THE DATA SUBJECT
Registered Name(s) and Surname:	
Unique Identifier / Identity Number:	
Residential, Postal or Business Address:	
Contact number(s):	
E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Registered Name of Responsible Party:	Hazchemwize (Pty) Ltd
Residential, Postal or Business Address:	10 Zurich Road , Spartan , Kempton Park , 1620
Contact number(s):	(011) 975-1278
E-mail address:	marcem@hazchemwize.co.za
D	REASONS FOR CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY. (Please provide detailed reasons for the request)

DATA SUBJECT

Signed at _____ on this _____ day of _____
LOCATION DAY MONTH YEAR

Signature _____ Signed by _____
OF DATA SUBJECT NAME OF DATA SUBJECT

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RESPONSIBLE PERSON ON BEHALF OF Hazchemwize (Pty) Ltd

Signed at _____ on this _____ day of _____
LOCATION DAY MONTH YEAR

Signature _____ Signed by _____
OF RESPONSIBLE PERSON NAME OF RESPONSIBLE PERSON

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