

PROTECTION OF PERSONAL INFORMATION ACT 4 of 2013

DATA PROTECTION POLICY IN RESPECT OF DR ELOISE MALAN INCORPORATED ("DEM")

(COMPANY REGISTRATION NO: 2015/295291/21)

1. WHO IS DEM?

- 1.1. DEM is a registered medical practice run by a registered healthcare practitioner and family medicine doctor.
- 1.2. DEM is located in Cape Town, South Africa.
- 1.3. Dr Eloise Malan has been duly appointed to be the Information Officer of DEM and is the person with whom to liaise in relation to the Protection of Personal Information Act 4 of 2013 ("the Act").

2. PURPOSE OF THIS DOCUMENT

- 2.1. This document sets out:
 - 2.1.1. what personal information DEM processes,
 - 2.1.2. why it collects this information and what it is used for,
 - 2.1.3. how it stores that information and for how long; and
 - 2.1.4. how you can contact DEM to ask them about your personal information.
- 2.2. You can find this document on DEM's website located at <https://muizenbergmedical.co.za/> or you can request a copy of it from the Information Officer, using the details below.

3. THE PURPOSE OF THE ACT

- 3.1. The purpose of the Act is to ensure the protection of personal information which is processed by public and private institutions. It does this by:
 - 3.1.1. introducing certain minimum requirements when it comes to the processing of personal information,
 - 3.1.2. allowing for the creation of a regulator to enforce the various provisions of the Act;
 - 3.1.3. allowing for codes of conduct to be issued that apply to all private and public bodies that process personal information;
 - 3.1.4. protecting your rights as a data subject when it comes to receiving unsolicited electronic communications and where decisions relating to your personal information are made by an automated system; and

- 3.1.5. to regulate when and how your personal information may be sent outside the borders of South Africa.

4. SOME IMPORTANT DEFINITIONS

- 4.1. In order to make sense of your rights in terms of this document, it is important that certain definitions contained in section 1 of the Act are explained:

4.1.1. **Data subject:** This is the person to whom the personal information relates.

4.1.2. **Personal Information:** This is extensively defined as follows:

4.1.2.1. Information relating to your race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth;

4.1.2.2. Information relating to your education or to your medical, financial, criminal or employment history;

4.1.2.3. Any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other assignment particular to you;

4.1.2.4. your biometric information;

4.1.2.5. your personal opinions, views or preferences of the person;

4.1.2.6. correspondence sent by you that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;

4.1.2.7. the views or opinions of another individual about you; and

4.1.2.8. your name if it appears with other personal information relating to you or if the disclosure of your name itself would reveal information about you.

4.1.3. and divided into two categories of "personal information" which may generally be processed, as long as the minimum requirements of the Act are met, and "special personal information" which may not generally be processed unless specific exceptions apply as defined in the Act.

4.1.4. **Processing:** this includes any of the following actions in relation to personal information:

4.1.4.1. the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;

- 4.1.4.2. dissemination by means of transmission, distribution or making available in any other form; or
- 4.1.4.3. merging, linking, as well as restriction, degradation, erasure or destruction of information
- 4.1.5. **Record:** this refers to personal information in the possession or under the control of a responsible party (regardless of who created it or when it was created) which is in any of the following forms:
 - 4.1.5.1. writing on any material;
 - 4.1.5.2. information produced, recorded or stored by means of any tape-recorder, computer equipment, whether hardware or software or both, or other device, and any material subsequently derived from information so produced, recorded or stored;
 - 4.1.5.3. label, marking or other writing that identifies or describes anything of which it forms part, or to which it is attached by any means;
 - 4.1.5.4. book, map, plan, graph or drawing;
 - 4.1.5.5. photograph, film, negative, tape or other device in which one or more visual images are embodied so as to be capable, with or without the aid of some other equipment, of being reproduced;
- 4.1.6. **Responsible party:** means a public or private body or any other person which, alone or in conjunction with others, determines the purpose of and means for processing personal information. In this case, DEM is the Responsible Party.
- 4.1.7. **Operator:** this is a person who processes personal information on behalf of a Responsible Party in terms of a contract or mandate.
- 4.1.8. **Filing system:** any structured set of personal information, whether centralised, decentralised or dispersed on a functional or geographical basis, which is accessible according to specific criteria.

5. CONTACT DETAILS OF INFORMATION OFFICER

- 5.1. Attention: Dr Eloise Malan
- 5.2. Postal Address: 50 Main Road (Cnr Main and Ronleigh Roads)
Muizenberg
South Africa
7945
- 5.3. Physical address: 50 Main Road (Cnr Main and Ronleigh Roads)
Muizenberg

South Africa
7945

5.4. Telephone: +27 21 788 8685 or +27 21 788 8880

5.5. E-mail: info@muizenbergmedical.co.za

6. WHAT KIND OF PERSONAL INFORMATION IS HELD BY DEM?

6.1. PERSONAL INFORMATION BELONGING TO DEM'S PATIENTS WHO USE DEM'S SERVICES:

6.1.1. *Personal information belonging to juristic persons:*

6.1.1.1. company or close corporation registration number, business logo, business e-mail addresses, the physical and postal address, telephone number and location information, DEM's terms and conditions.

6.1.2. *Personal information belonging to natural persons*

6.1.2.1. Where patients are natural persons:

6.1.2.1.1. identity number, , e-mail addresses, the physical and postal address, telephone number and location information, DEM's terms and condition.

6.1.2.2. Information belonging to natural persons who are representatives of juristic persons

6.1.2.2.1. South African identity number, business e-mail address, place of employment, address of employer and personal and business telephone numbers.

6.2. PERSONAL INFORMATION BELONGING TO EMPLOYEES OF DEM

6.2.1. information relating to the name race, gender, sex, pregnancy, marital status, national, ethnic or social origin, age, physical and/or mental health, well-being, disability, religion, belief, language and birth of employees;

6.2.2. information relating to the education, the medical, financial, criminal or employment history of employees;

6.2.3. South African identity number, personal e-mail address, physical address, personal telephone numbers, location information and online identifiers of employees;

6.2.4. private and confidential correspondence with employees; and

6.2.5. records of a personal information stored by employees in DEM's physical or electronic filing system(s).

6.3. PERSONAL INFORMATION BELONGING TO THIRD PARTY SERVICE PROVIDERS OF DEM

- 6.3.1. bank account details;
- 6.3.2. company or close corporation registration number, South African identity number, business logo, business e-mail addresses, the physical and postal address, telephone number and location information, VAT numbers;
- 6.3.3. personal information of third party service provider's representatives/agents, such as name, business e-mail address, place of employment, address of employer and personal and business telephone numbers.

7. WHY IS THE PERSONAL INFORMATION ABOVE COLLECTED BY DEM AND WHAT IS IT USED FOR?

7.1. PERSONAL INFORMATION BELONGING TO PATIENTS OF DEM

- 7.1.1. DEM requires the information collected from its patients to provide them with professional healthcare services. DEM processes the information necessary to provide these services. DEM may make this information available to operators to ensure that the services are provided to the very best of DEM's abilities and to the highest standards. All operators have signed documentation confirming that personal information received from DEM is to be used solely to the purpose for which it is given to them. Such operators are prohibited from further processing the personal information given to them and have confirmed that they have systems in place that make sure that they are compliant with the requirements of the Act.
- 7.1.2. **THE PERSONAL INFORMATION SOUGHT BY DEM IS MANDATORY IN NATURE. SHOULD PATIENTS NOT PROVIDE THE PERSONAL INFORMATION SOUGHT, DEM WILL NOT BE ABLE TO PROVIDE ITS SERVICES.**

7.2. PERSONAL INFORMATION BELONGING TO EMPLOYEES OF DEM

- 7.2.1. DEM is committed to good governance and compliance. No personal information in respect of any employees will be used for any other reason besides what it is provided for. Any staff database kept by DEM will be for the purpose of managing the employment relationship between DEM and its employees only. No personal information pertaining to any employee will be provided to any third person unless in accordance with the Act, any relevant Labour Law legislation or with the express consent of the employee.

7.3. PERSONAL INFORMATION BELONGING TO THIRD PARTY SERVICE PROVIDERS OF DEM

- 7.3.1. DEM requires the information collected from third party service providers that are both natural and juristic persons in order to do business with them. DEM takes its compliance obligations very seriously and requires the information processed in order to conclude

agreements regarding the relationship between DEM and its service providers, many of whom may be operators as defined in the Act.

- 7.3.2. DEM processes the information necessary in order to provide these services and to conclude these agreements. DEM may make this information available to other operators to ensure that the services are provided to the very best of DEM's abilities and to the highest standards for its patients. All operators and third-party service providers have signed documentation confirming that personal information received from DEM and its operators is to be used solely to the purpose for which it is given to them. Such operators and third parties are prohibited from further processing the personal information given to them and have confirmed that they have systems in place that make sure that they are compliant with the requirements of the Act.
- 7.3.3. **THE PERSONAL INFORMATION SOUGHT BY DEM IS MANDATORY IN NATURE. SHOULD THIRD PARTIES AND OPERATORS NOT PROVIDE THE PERSONAL INFORMATION SOUGHT, DEM WILL NOT BE ABLE TO CONCLUDE AGREEMENTS WITH THEM AND THEREFORE NOT DO BUSINESS WITH THEM.**
- 7.4. **WHERE IS THE PERSONAL INFORMATION COLLECTED BY DEM STORED AND WHAT SECURITY MEASURES ARE IN PLACE?**
 - 7.4.1. Personal information is stored both electronically and in hard copy in DEM's filing system(s).
 - 7.4.2. Electronic information is encrypted and stored on a cloud based system. Personal information, where necessary to comply with our obligations to patients, may be saved on internal or external hard drives.
 - 7.4.3. DEM has a physical security policy as well as a policy pertaining to the use of electronic data by employees which policies are internal and kept by the Information Officer. These policies are not available to the public save where DEM is forced to make same available in terms of law so as to protect the information held by DEM.
- 7.5. **WHEN WILL DEM MAKE PERSONAL INFORMATION AVAILABLE TO THIRD PARTIES (OTHER THAN OPERATORS)**
 - 7.5.1. DEM will not reveal any personal information to anyone outside of DEM unless:
 - 7.5.1.1. it is necessary to perform contractual obligations with its patients;
 - 7.5.1.2. it is compelled to comply with legal and regulatory requirements or when it is otherwise allowed by law;
 - 7.5.1.3. it is in the public interest;
 - 7.5.1.4. DEM needs to do so to protect its rights.

- 7.5.2. DEM endeavours to take all reasonable steps to keep secure any information which they hold about an individual, and to keep this information accurate and up to date. If at any time, an individual discovers that information gathered about them is incorrect, they may contact DEM to have the information corrected. Where information has been disclosed to employees of DEM, DEM has agreements in place to ensure that compliance with confidentiality and privacy conditions.
- 7.5.3. DEM recognises the importance of protecting the privacy of information collected about individuals, in particular, information that can identify an individual ("personal information").

8. **TRANSBORDER INFORMATION FLOWS**

- 8.1. DEM will not transmit personal information internationally, unless consent has been obtained, or it's necessary to perform our contractual obligations, and it benefits our patients or third party service providers. If personal information is transmitted internationally, we ensure that it is subject to data protection laws that are substantially similar to POPIA (e.g. European Union GDPR and other country specific information privacy protection laws).

9. **FOR HOW LONG IS PERSONAL INFORMATION KEPT BY DEM?**

DEM is subject to the provisions of the Health Professions Act 56 of 1974 (as amended) as well as the mandatory rules and guidelines published by the Health Professions Council of South Africa ("HPCSA").

As such, DEM complies with the rules and guidelines published by the HPCSA, which can be viewed on the HPCSA's website: <https://www.hpcsa.co.za/>.

DEM retains confidential patient records for the periods set in the HPCSA's Guideline on the Keeping of Patient Records (Booklet 9).

9.1. **COMPANIES ACT NO. 71 OF 2008, as amended:**

The Companies Act as amended requires records must be kept "in written form, or other form or manner that allows that information to be converted into written form within a reasonable time." Such as the following for an indefinite period:

- 9.1.1. Notice of Incorporation (Registration certificate);
- 9.1.2. Certificate of change of name (if any);
- 9.1.3. Memorandum of Incorporation and alterations or amendments;
- 9.1.4. Rules;
- 9.1.5. Register of company secretary and auditors;

9.1.6. Regulated companies (companies to which chapter 5, part B, C and Takeover Regulations apply) register of disclosures of person who holds beneficial interest equal to or in excess of 5% of the securities of that class issued;

9.1.7. Security register and uncertificated securities register.

The following records for 7 years:

9.1.8. Notice and minutes of all shareholders meeting including Resolutions adopted and documents made available to holders of securities;

9.1.9. Copies of reports presented at the annual general meeting of the company;

9.1.10. Copies of annual financial statements;

9.1.11. Copies of accounting records;

9.1.12. Record of directors and past directors, after the director has retired from the company;

9.1.13. Written communication to holders of securities;

9.1.14. Minutes and resolutions of directors' meetings, audit committee and directors' committees.

9.2. CLOSE CORPORATION ACT NO. 69 OF 1984, as amended:

The Closed Corporation Act as amended requires that hardcopies and/or electronic copies of the following documents are kept for a total of 15 years:

9.2.1. Accounting records, including supporting schedules to accounting records and ancillary accounting records;

9.2.2. Annual financial statements, including annual accounts and the report of the accounting officer;

The following documentation is required to be kept for an indefinite period:

9.2.3. Record of Members and past members, after the member has retired from the company;

9.2.4. Minutes and resolutions of the members of the company.

9.3. CONSUMER PROTECTION ACT NO. 68 OF 2008, as amended:

The Consumer Protection Act seeks to protect the interests of Consumers and as such requires DEM as a service provider to retain and maintain the following records of consumers for a period of 3 years:

- 9.3.1. Full names, physical address, postal address and contact details;
- 9.3.2. ID number and registration number;
- 9.3.3. Contact details of public officer in case of a juristic person;
- 9.3.4. Service rendered;
- 9.3.5. Intermediary fee;
- 9.3.6. Cost to be recovered from the consumer;
- 9.3.7. Frequency of accounting to the consumer;
- 9.3.8. Amounts, sums, values, charges, fees, remuneration specified in monetary terms;
- 9.3.9. Disclosure in writing of a conflict of interest by the intermediary in relevance to goods or service to be provided;
- 9.3.10. Record of advice furnished to the consumer reflecting the basis on which the advice was given;
- 9.3.11. Written instruction sent by the intermediary to the consumer;
- 9.3.12. Conducting a promotional competition refer to Section 36(11) (b) and Regulation 11 of Promotional Competitions;
- 9.3.13. Documents in respect of Section 45 and Regulation 31 for Auctions.

9.4. COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT NO. 130 OF 1993:

Section 81(1) and (2) of the Compensation for Occupational Injuries and Diseases Act requires a retention period of 4 years for the documents mentioned below:

- 9.4.1. Register, record or reproduction of the earnings, time worked, payment for piece work and overtime and other prescribed particulars of all the employees.
- 9.4.2. Section 20(2) documents with a required retention period of 3 years:
- 9.4.3. Health and safety committee recommendations made to an employer in terms of issues affecting the health of employees and of any report made to an inspector in terms of the recommendation;
- 9.4.4. Records of incidents reported at work.

9.5. BASIC CONDITIONS OF EMPLOYMENT ACT NO. 75 OF 1997:

The Basic Conditions of Employment Act requires a retention period of 3 years for the documents mentioned below:

- 9.5.1. Written particulars of an employee after termination of employment;
- 9.5.2. Employee's name and occupation;
- 9.5.3. Time worked by each employee;
- 9.5.4. Remuneration paid to each employee;
- 9.5.5. Date of birth of any employee under the age of 18 years.

9.6. EMPLOYMENT EQUITY ACT NO. 55 OF 1998:

- 9.6.1. Section 26 and the General Administrative Regulations, 2014, requires a retention period of 3 years for the documents mentioned below:
- 9.6.2. Records in respect of the company's workforce, employment equity plan and other records relevant to compliance with the Act.

9.7. UNEMPLOYMENT INSURANCE ACT NO. 63 OF 2002:

Section 56(2)(c) requires a retention period of 5 years, from the date of submission, for the documents mentioned below:

- 9.7.1. personal records of each of their current employees in terms of their names, identification number, monthly remuneration and address where the employee is employed.

10. ACCESS TO AND CORRECTION OF INFORMATION

- 10.1. Patients, employees and third parties have the right to access the personal information DEM holds about them. Patients and other people whose data DEM holds also have the right to ask DEM to update, correct or delete their personal information on reasonable grounds. Once a patient or such other person objects to the processing of their personal information, DEM may no longer process said personal information unless DEM is obliged to in terms of its contractual obligations. DEM will take all reasonable steps to confirm its patients' identity before providing details of their personal information or making changes to their personal information;
- 10.2. All employees have a duty of confidentiality in relation to the Company and patients. Information on patients: Our patients' right to confidentiality is protected in the Constitution and in terms of ECTA. Information may be given to a 3rd party if the patient has consented in writing to that person receiving the information or if it is required by law.

- 10.3. If DEM duly and diligently searches for a record and it is believed that the record either does not exist or cannot be found, the patient or requester will be notified accordingly. This notification will include the steps that were taken the attempt to locate the record.

11. **DELETION AND DESTRUCTION OF INFORMATION**

- 11.1. Patients, employees and third parties have the right to access the personal information DEM holds about them. Patients and other people whose data DEM holds also have the right to ask DEM to update, correct or delete their personal information on reasonable grounds. Once a patient or such other person objects to the processing of their personal information, DEM may no longer process said personal information unless DEM is obliged to in terms of its contractual or regulatory obligations. DEM will take all reasonable steps to confirm its patients' identity before providing details of their personal information or making changes to their personal information.

12. **FORM OF REQUEST**

- 12.1. The requester must use the prescribed form to make the request for access to a record. This must be made to the information officer. This request must be made to the address, or electronic mail address of the information officer.
- 12.2. The requester must provide sufficient detail on the request form to enable the information officer to identify the record and the requester. The requester should also indicate which form of access is required. The requester should also indicate if he or she wishes to be informed in any other manner and state the necessary particulars to be so informed.
- 12.3. The requester must identify the right that he or she is seeking to exercise or protect and provide an explanation as to why the requested record is required for the exercise or protection of that right.
- 12.4. If a request is made on behalf of a person, the requester must submit proof of the capacity in which the requester is making the request to the satisfaction of the information officer.
- 12.5. The form in which a request to access personal information is made can be found in **Annexure A** at the end of this policy document.
- 12.6. The form in which a request to object, correct, delete/destroy personal information is made can be found in **Annexure B** at the end of this policy document.

13. **FEES**

- 13.1. The information officer must notify the requester (other than a personal requester) by notice, requiring the requester to pay the relevant fee before further processing the request. A personal requester does not pay such fee.

- 13.2. The requester may lodge an application to the court against the tender or payment of the request fee.
- 13.3. The information officer will then decide on the request and notify the requester in the required form.
- 13.4. If the request is granted then a further access fee must be paid for the search, reproduction, preparation and for any time that had exceeded the prescribed hours to search and prepare the record for disclosure.

14. **AVAILABILITY OF THE MANUAL**

- 14.1. The manual is available for inspection at the offices of DEM free of charge, a copy is made available on DEM's website, alternatively a copy may be requested from DEM's information officer.

15. **AMENDMENTS TO THIS POLICY**

- 15.1. Amendments to, or a review of this Policy, will take place on an ad hoc basis. Patients are advised to access DEM's website periodically to keep abreast of any changes. Where material changes take place, these will be posted on our website. Unless otherwise stated, the current version of this Policy posted on our website shall supersede and replace all previous versions of this Policy.

Signed at Muizenberg , Cape Town this 24th day of August 2021.



INFORMATION OFFICER

ANNEXURE A**PRESCRIBED FEES AND FORMS IN RESPECT OF PRIVATE BODIES**

The prescribed forms and fees for requests to private bodies, are available on the website of the Department of Justice and Constitutional Development, www.doj.gov.za .

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000)

[Regulation 10]

A. Particulars of private body

The Head:	
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B. Particulars of person requesting access to the record

- | |
|---|
| <p>(a) <i>The particulars of the person who requests access to the record must be given below.</i></p> <p>(b) <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</i></p> <p>(c) <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i></p> |
|---|

Full names and surname:	
Identity number:	

Postal address:	
Telephone number:	
E-mail address:	
Capacity in which request is made when made on behalf of another person	

C. Particulars of person on whose behalf request is made

<i>This section must be completed ONLY if a request for information is made on behalf of another person.</i>	
Full names and surname:	
Identity number:	

D. Particulars of record

<p>a. 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.</p> <p>b. If the provided space is inadequate, please continue on a separate folio and attach it to this form.</p> <p>c. The requester must sign all the additional folios.</p>	
Description of record or relevant part of the record:	
Reference number, if available:	
Any further particulars of record:	

E. Fees

- a. A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- b. You will be notified of the amount required to be paid as the request fee.
- c. 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.
- d. If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. Form of access to record

<p><i>If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is require</i></p>	
<p>Disability:</p> <p>Form in which record is required:</p>	<p>Form in which record is required</p>
<p>Mark the appropriate box with an X.</p> <p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.</p> <p>(c) The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.</p>	

1. If the record is in written or printed form:			
	copy of		inspection of record
2. If record consists of visual images this includes photographs, slides, video recordings, computer-generated images, sketches, etc)			
	view the images		copy of the images"
			transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:			
	listen to the soundtrack audio cassette		transcription of soundtrack* written or printed document
4. If record is held on computer or in an electronic or machine-readable form:			
	printed copy of record*		printed copy of information derived from the record"
			copy in computer readable form* (stiffy or compact disc)
'If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.			YES NO

G Particulars of right to be exercised or protected

<p><i>If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.</i></p>
<p>a. Indicate which right is to be exercised or protected:</p>

b. Explain why the record requested is required for the exercise or protection of the aforementioned right:

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/denied. 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 prefer to be informed of the decision regarding your request for access to the record?

Signed at.....

This.....

day of20

SIGNATURE OF REQUESTER / PERSON ON

WHOSE BEHALF REQUEST IS MADE

ANNEXURE B

REQUEST FOR ACTION IN RESPECT OF PERSONAL INFORMATION

Confidential

Privacy Notice:
 We are collecting your personal information, so that we can act on your request to exercise your rights in respect of your personal information. For this purpose and only when required, we may share this data within DEM, and with other third parties that process your personal data in conjunction with us or on our behalf. To read our Data Protection Policy, please visit <https://muizenbergmedical.co.za/>.

Mark the appropriate box with an "x" and complete only the relevant sections of this form:

- Objection to the processing of personal information (complete sections B, C, D and G)
- Request to correct or delete/destroy personal information that is in the possession of or under the control of the responsible party (complete sections B, C, E and G)
- Request to delete/destroy personal information that is in the possession of or under the control of the responsible party and who is no longer authorized to retain the record of information (complete sections B, C, F and G)

(A) PARTICULARS OF RESPONSIBLE PARTY

Name: DEM

Physical address: 50 MAIN ROAD (CNR MAIN AND RONLEIGH ROADS), MUIZENBERG, CAPE TOWN, 7945

Contact number: +27 21 788 8685 or +27 21 788 8880

Email address: info@muizenbergmedical.co.za

(B) PARTICULARS OF THE DATA SUBJECT WHO THE REQUEST PERTAINS TO

- (a) The particulars of the data subject who the request pertains to must be recorded below.
- (b) Proof of the capacity in which the request is made must be attached e.g. copy of Identity Document (ID) or Passport, or Affidavit. Certified copies must not be older than three months.

Full name and Surname/Registered name, if juristic entity

ID/Passport Number/Registration number, if juristic entity

Please indicate how you would like to be contacted by marking the appropriate box with an "X", and providing the relevant contact details in the space provided:		
Residential / Postal / Business Address	Telephone/Mobile	e-Mail
Contact details:		

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Capacity in which the request is made, where made on behalf of the data subject:

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(C) PARTICULARS OF PERSON MAKING REQUEST ON BEHALF OF DATA SUBJECT

This section must be completed only if the request is made on behalf of another person or juristic entity.

Full name and Surname/Registered Name, if juristic entity	
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ID/Passport Number/Registration Number, if juristic entity	
--	--

Please indicate how you would like to be contacted by marking the appropriate box with an "X", and providing the relevant contact details in the space provided:		
Residential / Postal / Business Address	Telephone/Mobile	e-Mail
Contact details:		

(D) REASONS FOR OBJECTING TO PROCESSING OF PERSONAL INFORMATION AND PARTICULARS OF PERSONAL INFORMATION RECORD/S

- (a) This section is only to be completed if you are objecting to the processing of personal information in the possession of or under the control of the responsible party.
- (b) Provide detailed reasons for the objection and the full particulars of the record(s) to which the objection relates, including the reference number if that is known to you, to enable the record(s) regarding the objection to be located.
- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Details reasons for the objection and a detailed description of the relevant personal information records to which the objection relates:

(E) PERSONAL INFORMATION RECORDS TO BE CORRECTED OR DELETED/DESTROYED

- (a) This section is only to be completed if you are requesting the correction or deletion/destruction of personal information in the possession of or under the control of the responsible party.
- (b) Provide detailed reasons for the request to correct or delete/destroy personal information and the full particulars of the record(s) to be corrected or deleted/destroyed, including the reference number if that is known to you, to enable the relevant personal information record(s) to be located.
- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Detailed reasons for the request to correct or delete/destroy personal information and a description of the personal information records to which the request relates:

(F) PERSONAL INFORMATION RECORDS TO BE DELETED/DESTROYED

- (a) This section is only to be completed if you are requesting the deletion/destruction of personal information in the possession or under the control of the responsible party, where the responsible party is no longer authorized to retain the record.
- (b) Provide detailed reasons for the request to delete/destroy personal information and the full particulars of the record(s) to be deleted/destroyed, including the reference number if that is known to you, to enable the relevant personal information record(s) to be located.
- (c) If the space provided for in this form is inadequate, please submit additional information as an Annexure to this form. THE DATA SUBJECT OR HIS/HER/ITS AGENT MUST SIGN ALL ADDITIONAL ANNEXURES.

Detailed reasons for the request to delete/destroy personal information and a description of the personal information records to which the request relates:

(G) NOTICE OF DECISION REGARDING THE OBJECTION TO PROCESSING PERSONAL INFORMATION

You will be notified in writing via your preferred mode of contact whether your request has been approved/denied (and the reasons for denial, if denied).

Signed at..... On this..... day of20

SIGNATURE OF DATA SUBJECT

SIGNATURE OF AGENT ACTING ON BEHALF OF DATA SUBJECT

Once completed, please submit this form along with any supporting documentation to info@muizenbergmedical.co.za