

## DATA SUBJECT WITHDRAWAL OF CONSENT

For privacy reasons and in certain circumstances, you may have the right to withdraw your Consent issued to us to collect, store and process your personal information for the purpose of fulfilling contractual duties, to comply with legal obligations, and/or for its legitimate interests, in accordance to the provisions of the Protection of Personal Information Act, 4 of 2013 (POPI) and other applicable data protection laws and regulations including the General Data Protection Regulation (EU) 2016/679 (“GDPR”) of the European Union (“EU”), where applicable.

Should you wish to withdraw your consent, you are required to complete this Form to enable us to consider and process your request.

On receipt of your request, we will balance your privacy rights and freedoms with our rights, freedoms, and the public interest to have access to certain Personal Information related to you.

We will endeavour to respond to your request promptly, but in at least 30 (thirty) days, as follows:

- our confirmation of receipt of your request; or
- our receipt of any further information we may require from you to enable us to comply with your request.

Please note that, depending on the complexity and number of requests we may extend the period by a further 2 (two) months, of which we will inform you of such extension within 1 (one) month of your request.

Note that the information you provide in this form will merely be used for the purpose of identifying you and the personal information you are requesting and enabling us to respond to your request. The completion of this form is not mandatory for you to make your request, such will however assist us in processing your request efficiently.

### Section A: Details of Person Requesting Information

17 Fricker Road, Illovo, Johannesburg  
Private Bag X32, Northlands, 2116  
T: +27 (0)11 621 6600  
E: enquiries@saicaed.co.za

81 Cawood Street, North End, Port Elizabeth  
P.O. Box 41, Port Elizabeth, 6001  
T: +27 (0)41 484 7400  
E: pe@saicaed.co.za

SAICA Enterprise Development (Pty) Ltd. Registration number: 2017/234330/07  
C du Toit, EJ Carelse (Chairman), T Kgobe, A McWalter, CC Mulder, S Phillip, G Wildschutt

Full Name and Surname:	
Identity Number:	
Contact Telephone Number:	
Email Address:	
Physical Address:	
Member Number (if applicable):	

**Section B: Are you the Data Subject:**

Please tick the appropriate box and peruse the instructions.

- Yes, I am the Data Subject.** I enclose herewith proof of my identity and physical address, please tick the boxes in terms of the proof:

Identification document

Passport

Driver's License

Birth Certificate

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Utility Bill or Bank Statement, not older than 3 (three) months

TV License or Local Authority Tax Bill reflecting my physical address, not older than 1 (one)

year

- No, I am not the Data Subject.** I am acting on behalf of the Data Subject and enclose hereto proof of my identity, as well as the Data Subject, and a copy of the Data Subject's written authority. (Please complete **Section C** hereof)

My Documentation:

Identification document

Passport

Driver's License

Birth Certificate

Utility Bill or Bank Statement, not older than 3 (three) months

TV License or Local Authority Tax Bill reflecting my physical address, not older than 1 (one) year

Written Mandate Signed by Data Subject

Data Subject's Documentation:

Identification document

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- Passport
- Driver's License
- Birth Certificate
- Utility Bill or Bank Statement, not older than 3 (three) months
- TV License or Local Authority Tax Bill reflecting my physical address, not older than 1 (one) year

We need to ensure that we are releasing the information to the correct person and thus we require proof of your identity and your physical address. Please provide us with a certified photocopy of scanned image of one of both of the following:

- **Proof of Identity**  
Identity Document, Passport, Driving License or Birth Certificate.
- **Proof of Physical Address**  
Utility Bill or Bank Statement, not older than 3 (three) months; TV Licence or Local Authority Tax Bill reflecting your physical address, not older than 1 (one) year.

In the event in which we are not satisfied that you have proven your identity, we reserve the right to refuse to grant your request.

**Section C: Details of Data Subject (if different from Section A)**

Full Name and Surname:	
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Identity Number:	
Contact Telephone Number:	
Email Address:	
Physical Address:	
Member Number (if applicable):	

**Section D: Describe the Consent you issued to us and what Information you Consented to be collected, used and processed**

Please provide any relevant details you are of opinion would assist us in identifying the information you require. We need to ensure that we identify the correct data subject and exactly what consent you wish to withdraw.

Please provide any relevant details you are of opinion would assist us in identifying the consent which you wish to withdraw:

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### Section E: Reasons for your Withdrawal of your Consent

Should you wish to withdraw your Consent, provide your reasons of your withdrawal:

### Section F: Declaration

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*Please note: any attempt to mislead us may result in prosecution.*

I, undersigned

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(Name and Surname)

do hereby,

1. confirm that I have read and understood the terms of this Form;
2. consent to the processing of the personal information that I am submitting in this form and any personal information I may submit in further correspondence for purposes of processing this request, and where necessary my details may be shared with the supervisory authority;
3. consent to you taking reasonable steps and sharing my personal information in relation to this request with Controllers' and/or Processors' who obtained my personal information through you making such personal information public, to inform them of the consent withdrawal;
4. certify that the information provided in this application is true, correct and within my personal knowledge, and that I'm authorised to submit this request;
5. understand that it is necessary to confirm my identify, and where applicable also the Data Subject's Identity on whose behalf I am acting; and

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6. it might be necessary to obtain more detailed information in order to locate the correct personal information;
7. confirm that I understand that you will not be able to process my request if this Form is not properly completed or incomplete.

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Signature

Date:

**Supplementary Documentation Mandatory to this Data Subject Access Request Form:**

- **Proof of your Identity (refer to Section B hereof);**
- **Proof of the Data Subject's Identity (if different to the above);**
- **If applicable, authority from the Data Subject wherein you are mandated to act on his/her behalf.**

Please address and return your completed form, together with the mandatory documentation to:

**Information Officer: Annie McWalter – Chief Executive Officer**

**Physical Address:**

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Illovo

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Ignite. Enhance. Advance.



Sandton

Johannesburg

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Telephone Number: +2711 621 6600 / +2711 479 0634

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[develop.influence.lead.](http://develop.influence.lead)