

## DATA SUBJECT REQUEST FOR RESTRICTED PROCESSING

For privacy reasons and in certain circumstances, you may have the right to request us to restrict the processing of your personal information, 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 require us to restrict the processing of certain personal information related to you, you are required to complete this Form to enable us to consider your request.

On receipt of your request, we will balance your privacy rights and freedoms with our rights, freedoms and obligations, 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](mailto:enquiries@saicaed.co.za)

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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 what Information you require to be subject to Restricted Processing**

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 personal information you require us to restrict the processing.

Please provide any relevant details you are of opinion would assist us in identifying the information you require to be subject to restricted processing.

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It is important to note, that should the information provided above reveal information directly or indirectly related to another person we will require such person's consent prior to us providing you with the information. In certain circumstances, where the information requested would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and provided with reasons for our decision.

While in most cases we will be happy to process your request for restriction of certain personal information, we nevertheless reserve our rights.

### Section E: Reasons for the Restricted Processing Request

Should you require that personal information relating to the data subject be subject to restricted processing, please provide reasons and explanations for such.

1. You believe the personal information should be subject to restricted processing for one or more of the following grounds, please tick the relevant boxes:

- the accuracy of the personal information is contested by the data subject, restriction is required to enable us to verify the accuracy of the information
- the processing is unlawful and the data subject opposes the erasure of the personal information, restriction is requested instead of erasure
- we no longer needs the personal information for the purpose of the processing, restriction is however required by the data subject for the establishment, exercises or defence of legal claims
- the data subject has objected to the processing and pending the verification whether our

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legitimate grounds override those of the data subject, restricted processing is required

2. Provide an explanation in terms of each of the grounds ticked above:

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## Section F: Declaration

*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 restrict the processing;
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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