

DATA SUBJECT RECTIFICATION/COMPLETION REQUEST FORM

Should we hold your Personal Information, you are currently entitled to request access to such 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 your personal information, held by us, be inaccurate and/or incomplete you have the right to request that we rectify the inaccurate and/or incomplete information and/or request that the incomplete personal information be completed, by means of providing a supplementary affidavit and taking into account the purposes of the processing. Should you require such a rectification and/or completion of personal information, you are required to complete this Form to enable us to process your request.

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 request 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 Rectification or Completion

Full Name and Surname:	
Identity Number:	
Contact Telephone Number:	
Email Address:	
Physical Address:	

Member Number (if applicable):	
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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
- 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
- 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:	
Identity Number:	
Contact Telephone Number:	
Email Address:	
Physical Address:	
Member Number (if applicable):	

Section D: Describe what Information you require

Please provide any relevant details which you are of opinion would assist us in identifying the information you

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 receive and process your request, we nevertheless reserve the applicable rights regarding your request for a rectification and/or completion of your personal information will be subject to the purposes for the processing and also by means of you providing a supplementary affidavit.

We will however make every effort possible to provide you with a satisfactory form of access or summary of the information, if suitable.

Section E: Information regarded as inaccurate and for which rectification and/or completion is required

Please provide any relevant details you believe are to be inaccurate and rectification or completion required and the reason for the request:

You must attach relevant documents as proof of correct information e.g. where a date of birth is incorrect, please provide us with a certified copy of the official Birth Certificate.

Section F: Declaration

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

I, undersigned

(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 rectify and/or complete same;
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
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.

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: Chantyl Mulder – Chief Executive Officer

Physical Address:

The Thuthuka Education Upliftment Fund NPC

17 Fricker Road

Illovo

Sandton

Johannesburg

2196

Email: GDPRcompliance@saica.co.za

Telephone Number: +2711 621 6600