

- info@iips.co.za
- +27 21 905 0365
- +27 84 569 2001
- 10 The Lakes, Somerset Lakes, Reunion Drive, Somerset West 7130

### FORM 2

# REQUEST FOR CORRECTION / DESTRUCTION OF PERSONAL INFORMATION

Sections 24(1) (a) and (b) of the Protection of Personal Information Act, 4 or 2013 read with Regulation 3 of the 2018 Regulations

#### Note:

- 1. This form must be fully completed.
- 2. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
- 3. If the space provided in this form is inadequate, submit information as an Annexure to this form and sign each page.





- Artisans Drivers General Workers Permanent Placements Payroll Admistration
- CCMA Representation Disciplinary Hearing Security Services Cleaning Services



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Reg No: 2018/301179/07 VAT No: 4540283225

Mark the appropriate box with an "X":
Request for:
<u>Correction of personal information</u> about the Data Subject which is in possession or under the control of INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD

<u>Destroying or deletion of a record of personal information</u> about the data subject which is in possession of under the control of INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD and who is no longer authorized to retain the record of the information.







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### A. PARTICULARS OF INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD

REGISTERED NAME OF RESPONSIBLE PARTY	INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD		
POSTAL ADDRESS  Postnet Suite 15, Private Bag X04, Kuilsriver, Western Cape, 7579			
PHYSICAL ADDRESS	10 The Lakes, Somerset Lakes, Somerset West, 7130		
TELEPHONE NUMBER	+27 21 905 0365		
EMAIL ADDRESS	info@iips.co.za		
CONTACT PERSON	The Information Officer		







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### B. PARTICULARS OF PERSON REQUESTING THE CORRECTION OR DELETION OF THE PERSONAL INFORMATION

The particulars of the person who is requesting the correction or deletion of the personal information must be provided below.

The postal address, fax number, and/or email address to which IIPS's response must be sent must be provided.

Proof of the capacity in which the request is made (if applicable) must be attached, i.e. Data Subject or Requester other than Data Subject, duly authorized, requesting on behalf of the Data Subject.

FULL NAMES AND SURNAME	
PROOF OF IDENTITY	
POSTAL ADDRESS	
FAX NUMBER	







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#### C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must be completed ONLY if a request for information is made on behalf of another person.

FULL NAMES AND SURNAME	
IDENTITY NUMBER OR COMPANY REGISTRATION NUMBER	





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### D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE ACCESS REQUEST FOR CORRECTION OR DELETION

Provide full particulars of the personal information or record in respect of which the request for access is made, including any reference number (if that is known to you) to enable the personal information record to be located.

If the provided space is inadequate, please continue on a separate page and attach it to this form.

The Data Subject / Requester must sign all the additional pages

DESCRIPTION OF PERSONAL INFORMATION/RECORD OR RELEVANT PART OF THE PERSONAL INFORMATION/RECORD	
REFERENCE NUMBER (IF AVAILABLE)	





- Artisans Drivers General Workers Permanent Placements Payroll Admistration
- CCMA Representation Disciplinary Hearing Security Services Cleaning Services



**ANY FURTHER** 

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PARTICULARS OF RECORD	
	NAL INFORMATION TO WHICH ACCESS IS F SECTION 5(b) READ WITH SECTION 23
information that IIPS holds of	at you need to know about the personal of you (e.g. description of your personal ting to the identity of third parties who has had etc.)
If the provided space is inad attach it to this form.	lequate, please continue on a separate page and
The Data Subject/Request	er must sign all the additional pages





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#### F FEES

As per regulation 2: NO charge will be levied by IIPS in respect of:

- Assistance provided to complete this form
- The processing of this request

#### **G TIME TO PROCESS REQUEST**

The time period to process your request will be 30 days. If any longer time is needed, IIPS shall, prior to the expiry of the mentioned 30 days, notify you of any longer period of time required, which will not exceed 60 days.

#### H TIME TO PROCESS REQUEST

IIPS will carefully consider the request. In case of IIPS agreeing with the grounds of your request, IIPS will provide you with an affirmative response including a confirmation that the correction or deletion has been effected (with credible evidence to this regard). In case of IIPS not agreeing with the grounds of your request, IIPS shall provide you with a motivated response providing full reasons for its decision.





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#### I NOTICE OF DECISION REGARDING REQUEST

You will be notified in writing via your chosen communication method whether your request has been approved / denied within 30 days or such longer period required, which period shall not exceed an additional 60 days. If you wish to be informed in another manner, please specify the manger and provide the necessary particulars to enable compliance with your request.





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#### J NOTICE OF DECISION REGARDING REQUEST

	How would you prefer to be informed of the decision regarding your request for access to the record?					
Sig	ned at	this	day of	20		
Prir	Printed name of Data Subject / Requester					
	,	1				
Sig	nature of Data Subject / I	Requester				





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Once completed this form should be submitted via post, hand delivery or email to:

### INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD

For Attention: The Information Officer

Postal Address:

Postnet Suite 15 Private Bag X04 Kuilsriver Western Cape 7579

Physical Address:

10 The Lakes Somerset Lakes Somerset West 7130

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