

INSTRUCTIONS

1. PLEASE PRINT OUT & SIGN THE FORM.
2. PROVIDE ANY ADDITIONAL INFORMATION IN ANNEXURE A
3. SIGN THE FORM AND EMAIL IT TO THE COMPANY.

GEOTAB (PTY) Ltd – A Member of the Gerber Goldschmidt Group

Reg # 1996/017621/07
Postal PO Box 3909, Halfway House, 1685
Fax +2711-564-5450
Web www.geotabafrika.com

Physical Block 12, Thornhill Office Park, Bekker Road Midrand
Tel +2711-564-5400
Smartcall 0861-GEOTAB/0861-436822
Email info@geotab.co.za

Directors

V Perumalsamy (Managing), RI Diesel, PS Howard, SB Harris

FORM 2

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING , OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO.4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018
[Regulation 3]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the request may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

Request for:

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY

GEOTAB AFRICA

management by measurement

Name(s) and surname/ Registered name of responsible party:	GEOTAB (PROPRIETARY) LIMITED
Residential, postal or business address:	UNIT 12 , THORNHILL OFFICE PARK, 94 BEKKER STREET, MIDRAND
Contact number(s):	+2711-564-5400
Fax number/ E-mail address:	info@geotabafrica.com
C	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED
D	REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN. (Please provide detailed reasons for the request)

Signed at.....this.....day of..... 20.....

.....
Signature of data subject/ designated person

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