



## ANNEXURE F: REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION

Note:

- 1) Affidavits or other documentary evidence in support of the objection must 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

Mark the appropriate box with an "x".

**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.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information

### A. Particulars of Vodacom

#### The Head of Vodacom

082 Vodacom Boulevard

Vodacom Valley

Midrand

1685

or

Private bag x 9904

Sandton

2146

Telephone number: 087 289 6450 / 087 289 3501

Email: [accesslea@vodacom.co.za](mailto:accesslea@vodacom.co.za)

### B Particulars of the Data Subject

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Title: Annexure F: Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information

Page 1 of 6

(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



Full names and surname:

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Name of public or private body (if the responsible party is not a natural person):

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Identity/Registration number:

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Residential, postal or business address:

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Fax number: \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address:

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**C Reasons for correction or deletion of the personal information about the data subject/\*destruction or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party. (Please provide detailed reasons for the request)**

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Title: Annexure F: Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information

Page 2 of 6

(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



**D Notice of decision regarding request for access**

*You will be notified in writing whether your request has been approved/ denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

How would you prefer to be informed of the decision regarding your request for access to the record?

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**E Reference number, if available:** \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Data Subject (applicant)

UNCONTROLLED IF PRINTED OR REPRODUCED IN ANY FORMAT

Title: Annexure F: Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information

Page 3 of 6

(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



**AFFIDAVIT**

I, the undersigned, \_\_\_\_\_ (Please insert full names)

do hereby make oath and say:

1.

I am an adult male/female residing at \_\_\_\_\_ I am the Data Subject in terms of the Protection of Personal Information Act, No 4 of 2013.

2.

The facts herein mentioned are within my personal knowledge, unless indicated to the contrary, and are in all respects true and correct.

3.

I am the (please select one of the options):

- (a) sole owner and sole user of Vodacom Prepaid / Contract Account
- (b) owner of Vodacom Prepaid / Contract Account. The sim card is not in my possession nor under my control
- (c) user of Vodacom Prepaid / Contract Account. The sim card is in my possession and under my control

4.

I request Vodacom to:

- (a) correct or delete my Personal Information in its possession or under its control;
- (b) destroy or delete a record of my Personal Information which it is no longer authorised to retain.

(Please select one of the above options)

5.

My Identity/passport number is \_\_\_\_\_ and I attach hereby a certified copy of my identity/passport document.

6.

Please select one of the following:

UNCONTROLLED IF PRINTED OR REPRODUCED IN ANY FORMAT

Title: Annexure F: Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information

Page 4 of 6

(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



- (a) I also attach herewith a certified copy of the Vodacom prepaid certificate in respect of the number allocated, as stated above.
- (b) I am unable to supply a Vodacom prepaid certificate in respect of the number allocated, but I am the owner and only user of the said phone.
- (c) I am the owner and user of the contract number and the latest Vodacom Statement is attached.

7.

I am aware that I could be prosecuted for making a statement knowing it might be used in court proceedings and known by me to be false and intended to mislead.

I know and understand the contents of this statement. I have no objections in taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

20\_\_\_\_

\_\_\_\_\_  
DEPONENT

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which was signed and sworn to, before me at this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ and that he/she has no objection to taking the prescribed oath.

.....  
SIGNATURE Commissioner of Oaths or other official before whom the statement is sworn/affirmed)

.....  
Full First Names and Surname

.....

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(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



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Business Address (Street Address)

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Title: Annexure F: Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information

Page 6 of 6

(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)