



**FORM: REQUEST FOR OBJECTION, CORRECTION OR DELETION OF PERSONAL INFORMATION HELD BY
VODACOM**

(Section 11(3) and 24 of the Protection of Personal Information Act, 4 of 2013)

Please Note the following:

- a) Proof of identity, affidavits or other documentary evidence as applicable in support of your requests must be attached.
- b) Please select the appropriate type of request in the provided table after section A.
- c) If the space provided for in this form is inadequate, submit information as an Annexure to this form and sign each page.
- d) All completed requests with supporting documentation must be submitted to BackofficePrivacy@vodacom.co.za
- e) All Personal Information collected in this form is for the purposes of assessing and giving effect to your requests. For more information on our processing activities, please visit our Privacy Statement on www.vodacom.co.za

A. PARTICULARS OF VODACOM

The Head: Vodacom

082 Vodacom Boulevard

Vodacom Valley

Midrand

1685

or

Private bag x 9904

Sandton

2146

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Select Type of Request with an "x" or tick and only complete the relevant sections

Type of Request	Select your request	Sections to complete
Objection to the Processing of your Personal Information.		Complete B, C, D, G
Correct or delete Personal Information about the data subject in the possession or under the control of Vodacom that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully.		Complete B, C, E, G
Destroy or delete a record of Personal Information about the data subject that Vodacom is no longer authorised to retain.		Complete B, C, F, G

B. PARTICULARS OF PERSON MAKING THE REQUEST

- a) *The particulars of the person making the request must be completed below*
- b) *Proof of identity must be attached by the Requester*
- c) *If request is made on behalf of another person, proof of such authorisation must be attached to this form*

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person

Full names and surname: _____

Identity number/Registration number if it's a juristic person:

Postal address: :

Telephone number: _____

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E-mail address: _____

Capacity in which request is made, when made on behalf of another person:

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must be completed ONLY if the request is made on behalf of another person

Full names and surname: _____

Identity number / Company Registration Number: _____

D. REASONS FOR OBJECTING TO THE PROCESSING OF YOUR PERSONAL INFORMATION

1. Provide detailed reasons for objecting to the processing of your personal information.

2. If known, please provide details of the record to which the objection relates

E. PERSONAL INFORMATION RECORDS TO BE CORRECTED OR DELETED

Note: This section must be completed if the request is for correction or deletion of personal information about the data subject in the possession or under the control of Vodacom, and the information is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully

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1) Provide detailed reasons for the correction or deletion of your personal information.

2. If known, please provide details of the record to which the correction or deletion relates

F. PERSONAL INFORMATION RECORDS TO BE DELETED OR DESTROYED

Note: This section must be completed if the request is for the destruction or deletion of a record of personal information about the data subject that Vodacom is no longer authorised to retain.

1) Provide detailed reasons for the deletion or destruction of your personal information.

2. If known, please provide details of the record to which the deletion or destruction relates

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G. MEANS OF CONTACT

Please complete this section to inform us on how you would like to be contacted by marking the appropriate box with "x" and providing the relevant contact details. We will use your preferred contact to notify you if your request has been granted or denied and the reasons for such denial where applicable.

Tel No		E-mail		Physical Address	
Relevant Contact Details					

Signed at _____ this _____ day of _____ 20

SIGNATURE OF REQUESTER / PERSON
ON WHOSE BEHALF THE REQUEST IS MADE

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