



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 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 objection 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 applicable.

Mark the appropriate box with an "x".

Request for:

<input type="checkbox"/>	Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.
<input type="checkbox"/>	Destroying or deletion of a record of personal information about the data subject which is in the possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique Identifier / Identity Number & Student Number:	
Residential, postal or business address:	
	Code:
Contact Numbers:	
Fax Number / Email address:	
B	DETAILS OF RESPONSIBLE PARTY
Registered Name of Responsible Party:	UNIVERSITY OF KWAZULU-NATAL
Residential, postal or business address:	REGISTRAR'S OFFICE
	MW MAKGOBA ADMINISTRATION BLD, WESTVILLE CAMPUS
	PRIVATE BAG X 54001
	DURBAN
	Code:4000
Contact Numbers:	N/A
Fax Number / Email address:	Registrar@ukzn.ac.za
C	INFORMATION TO BE CORRECTED / DELETED / DESTRUCTED / 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 on this day of 20

Signature of Data Subject/Designated Person

For office use only