


Request for Deletion of Record



Please note:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

 The Information Officer | Physical Address | 49 Brewery Road | Isando | 1601

Please submit the completed form to the:

Name: Information Officer / Deputy Information Officer

Email Address: POPIA@value.co.za

Mark the appropriate box.

Request is made in my own name

Request is made on behalf of another person.

PERSONAL INFORMATION

Full names:

Identity number:

Capacity in which request is made:
(When made on behalf of another person)

Street address:

E-mail address:

Contact numbers:

Tel:

Cell:

Full names of person on whose behalf request is made:
(if applicable)

Identity number:

Street address:

E-mail address:

Contact numbers:

Tel:

Cell:

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:

Reference number:
(if available)

Any further particulars of record:

TYPE OF RECORD

(Mark the applicable box)

Record is in written or printed form

Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Record consists of recorded words or information which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected:

Explain why the record requested is required for the exercise or protection of the aforementioned right:

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any, via email to the email address provided above.

Signed at: _____ this: _____ day of: _____ 20 _____

**Signature of Requester / Person on
whose behalf request is made.**

FOR OFFICIAL USE

Reference number:	
Request received by: (State rank/title, name and surname of information officer)	
Date received:	

Signature of Information Officer