

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.*

**Please 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	DETAILS OF THE 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
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
Contact number(s):	
Fax number / E-mail address:	
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. <i>(Please provide detailed reasons for the request)</i>

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

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

*Once completed please return this and any necessary support as detailed below:*

Attention: Rosa van Onselen

Postal Address: Private Bag X200, Bryanston 2146

or

E-mail: [hotelsprivacy@tsogosun.com](mailto:hotelsprivacy@tsogosun.com)