**SECTION 23 POPIA REQUEST FORM**

Request for Access to Personal Information

In terms of Section 23 of the Protection of Personal Information Act, 4 of 2013 ("POPIA")

# 1. Requester Details (Data Subject)

|  |  |
| --- | --- |
| Full Name |  |
| ID/Passport Number |  |
| Contact Number |  |
| Email Address |  |
| Postal Address |  |

# 2. Proof of Identity

*(Attach a certified copy of your identity document/passport to verify your identity.)*

# 3. Nature of the Request

*(Please tick the appropriate box and provide details where necessary)*

☐ I request confirmation as to whether the organisation holds personal information about me.

☐ I request access to a record or description of the personal information held about me.

☐ I request information about the categories of third parties who have, or have had, access to my personal information.

# 4. Description of the Personal Information Requested

(Provide sufficient detail to enable the responsible party to locate the record/information.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 5. Preferred Method of Access

☐ Email

☐ Printed copy (collection/post)

☐ View in person (by appointment)

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6. Declaration

I declare that the information provided in this request is accurate and that I am entitled to request access to the personal information under section 23 of POPIA. I understand that the responsible party may request additional information to verify my identity and may charge a reasonable fee (if applicable) as prescribed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 7. For Office Use Only

|  |  |
| --- | --- |
| Date Received |  |
| Reference Number |  |
| Identity Verified |  |
| Date Responded |  |
| Outcome |  |