

REQUEST FOR ERASURE OF PERSONAL DATA

- Documentary evidence in support of this request may be required. i.
- Where the space provided for in this Form is inadequate, submit information as an ii. annexure
- iii. All fields marked as * are mandatory

| DETAILS OF THE DATA SUBJECT |
|---|
| (This section is to provide the details of the Data Subject). |
| Name*: |
| Identity Number*: |
| Phone number*: |
| e-mail address: |
| |
| (Provide the following details where making a request on behalf of a minor or a personwho |
| has no capacity) |
| Name* |
| Relationship with the Data Subject* |
| Contact Information* |
| Contact information |
| REASON FOR ERASURE (Tick the appropriate box) |
| (a) Your personal data is no longer necessary for thepurpose for |
| which it was originally collected; |
| which it was originally confected, |
| |
| (b) You have withdrawn consent that was the lawful basis for |
| retaining the personal data; |
| |
| (c) You object to the processing of your personal data and there is no |
| overriding legitimate interest to continue the processing; |
| overriding regitimate interest to continue the processing, |
| |
| (d) the processing of your personal data has been unlawful |
| |
| |
| (e) Required to comply with a legal obligation. |
| (c) required to comply with a regar congation. |
| |
| |
| |
| PERSONAL DATA TO BE ERASED |
| Describe the personal data you wish to have erased. |
| |
| DECLARATION |
| Note any attempt to erase personal data through misrepresentation may result inprosecution. |
| I confirm that I have read and understood the terms of this request form andcertify that |
| the information given in this application is true. |
| |
| SignatureDate |

Please email the complete form to dataprivacy@afrisend.com
Our Data privacy team will reach out within 5 business days upon receipt of your email; however, requests for erasure of personal data are not guaranteed and will be considered on a case-by-case basis in accordance with data privacy laws.

