

RIGHT TO WITHDRAW CONSENT FORM

REQUEST FORM

DR NICO STEVENSON INC recognizes your right to request of us to destroy any personal information that we keep of you. We shall do our best to remove your information in a timely manner or in any event within one month, after receiving the required documents.

The information that you provide us within this form will only be used to identify the personal data that you request us to remove. You are not compelled to fill out this form. However, if you do so the process will be much faster and easier for all concerned.

SECTION 1:

DETAILS OF THE PERSON REQUESTING INFORMATION

Full Name:

Post Address:

Contact Number:

E-mail Address:

SECTION 2: ARE YOU THE DATA SUBJECT?

Please read the instructions that follow and mark the applicable block.

- YES: I confirm that I am the data subject and I hereby attach a copy of my identity document.
- NO: I am acting on behalf of the data subject. I am acting by written power and have included the proof of the involved person's identity and my own identity (see further).



Life Knysna Private Hospital
1st Floor - Suite 1, Hunters Estate Dr
Hunters Home, Knysna, 6570



+27 (0) 44 382 0461



admin@drstevenson.co.za

To ensure that we delete the data of the correct person, we request proof of your identity as well as a registered address. If we are not satisfied with your proof of identity we reserve the right to deny your request.

SECTION 3: DETAILS OF THE DATA SUBJECT

(IF DIFFERENT TO SECTION 1)

Full Name:

Post Address:

Contact Number:

E-mail Address:

SECTION 4: REASON FOR REQUEST

Given the sensitive nature of the removal of personal data, we have to comply with certain conditions before we can consider your request. Please provide us with valid reasons why you want your data erased and attach any supporting documentation.

Please mark the relevant block:

- You feel that your personal data is **no longer necessary for the goals** for which it was initially gathered.
- You **no longer consent** to the processing of your personal data.
- You **object to the processing** of your personal data in terms of your rights in POPIA.
- You feel that your personal data was **illegally processed**.
- You feel that we are subject to a **legal obligation under international rights**, especially within the EU, and that we are obligated to remove your personal data.
- You are the **parent/guardian of an underage child and you rescind your permission**.
- You were a child at the time of the data processing**.



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SECTION 5: WHAT INFORMATION DO YOU WANT TO ERASE?

Please **describe all the information you want us to remove**. Please supply any relevant details that you think will help us identify the information. The supply of the URL for every link that you want to remove will be useful.

Please **explain, if it is not very clear, why** the attached page(s) about you or the person you are representing on this form, should be removed.

SECTION 6: DECLARATION

Please note that any attempt to mislead us can lead to prosecution.

I confirm that I have read and understand and have given consent to remove the said information. I certify that the information provided in this request is accurate. I understand that it is necessary to confirm my / the relevant person's identity and that it may be necessary to obtain more detailed information in order to obtain the correct personal data.

Signed: Date:

DOCUMENTS THAT MUST ACCOMPANY THIS REQUEST:

- Proof Of Your Identity
- Proof Of The Data Subject's Identity (If Different To Above)
- Authorization From The Relevant Subject To Act On Behalf Of Them (If Relevant)
- Justification For The Removal Of Data.



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