

**REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION IN TERMS OF SECTION 24 (1) OF
THE PROTECTION OF PERSONAL INFORMATION ACT, 2013**

(ACT NO. 4 OF 2013)

REGULATIONS RELATED TO THE PROTECTION OF PERSONAL INFORMATION ACT, 2013

(Regulation 3.)

Note:

1. This manual request for correction or deletion would only be submitted if the User Profile could not be accessed on www.wingmanwear.co.za , as that would normally be the process where changes are applied.
2. Affidavits or other supporting documents may be included.
3. Additional Information can be included in an Annexure.
4. Sign each page.
5. Scan and email this request to accounts@fnsh.co.za.

A. Reason for Request

Check whichever block is applicable.

<input type="checkbox"/>	Correction of personal information about the data subject (Mercha User), which is in the possession of or under the control of the responsible party (Mercha).
<input type="checkbox"/>	Destroying or deletion of a record of personal information about the data subject (Mercha User), which is in the possession of or under the control of the responsible party (Mercha) and who is no longer authorized to retain the record of information.

B. Details of the Data Subject (Mercha User)

The following information is required to ensure that the correct subject's data is identified to be corrected or deleted.

www.wingmanwear.co.za Username:	
First Name:	
Surname:	
Unique Identifier/ ID Number:	
Full Residential/Postal/Business Address:	
Contact phone number/s:	
E-mail Address:	

Sign: _____

C. Details of the Responsible Party

The following information is required to ensure that this request is being submitted to the correct Responsible Party.

Registered Name of Party:	
Platform in which data is stored:	
E-mail Address:	

D. Information to be Corrected/Deleted

Based on your checkbox response to Point A above, the data will either be correct or deleted.

E. Reason/s for your request to correct/delete subject's data

Provide detailed reasons for this request.

Signed at _____ this _____ day of _____ 20_____

Full Name

Signature

Signature of data subject or designated person (authorized by Affidavit and supporting identification documentation)