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reg no. 2001/003226/07

Annexure A

FORM: REQUESTS IN RELATION TO YOUR RIGHTS IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013 (POPIA)

Particulars of the Responsible Party from whom you are requesting access:

Registered Company Names: 4-Sure Insurance Brokers (Pty) Ltd & YW Insurance Brokers cc
Business Address: 125 Queens Road, Mayfair, 2092.
Postal Address: P O Box 42933, Fordsburg, 2033
Telephone: 011-839-4433
Email Address: info@4-sure.co.za

Please note:

- All Personal Information collected in this form is for the purposes of assessing and giving effect to your requests.
- Affidavits or other documentary evidence as applicable in support of your requests may be attached.
- If the space provided for in this form is inadequate, submit information as an Annexure to this form and sign each page.
- All completed requests with supporting documentation must be submitted to info@4-sure.co.za

Mark the appropriate request box with an “x” and only complete the relevant sections.

	Access request for details of the personal information held by 4-Sure or YW about you	Complete sections A, B, C, G, H
	Objection to the processing of your personal information	Complete sections A, B, D, G, H
	Correct or delete personal information about the data subject in the possession or under the control of 4-Sure or YW that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully	Complete sections A, B, E, G, H
	Destroy or delete a record of personal information about the data subject that 4-Sure or YW is no longer authorized to retain	Complete sections A, B, F, G, H

A. DETAILS OF THE DATA SUBJECT (to whom the request relates)

Proof of identification must be attached, for example, copy of ID, Passport.
Certified copies must not be older than 3 months.

Full Names and Surname/Registered Name if data subject is a juristic person	
ID/Passport number or Registration number if data subject is a juristic person	
Residential, postal, or business address	
Contact number	
Email address	

B. PARTICULARS OF PERSON MAKING REQUEST ON BEHALF OF THE DATA SUBJECT

This section must be completed if the request is made on behalf of a data subject or juristic entity. Proof of capacity must be attached, for example power of attorney, affidavit, authorisation.

Full Names and Surname/Registered Name if requester is a juristic person	
ID/Passport number or registration number if requester is a juristic person	
Residential, postal, or business address	
Contact number	
Email address	

C. INFORMATION REQUESTED

Please provide as much detail as possible about the personal information you want to help us deal with your request quickly and efficiently (mark the appropriate request boxes with an "x")

I would like you to:

Confirm if 4-Sure or YW processes my personal information	
Provide a copy of my personal data held	
Provide an explanation and/or documentation and material relating to the following:	
The reason / purposes for processing my personal information	
The categories or type of information processed	
The recipients, or categories of recipients of my information	
The planned retention period of my information, or details of how the retention period is determined	

D. REASONS FOR OBJECTING TO THE PROCESSING OF YOUR PERSONAL INFORMATION

Provide detailed reasons for objecting to the processing of your personal information	
If known, please provide details of the record to which the objection relates	

E. PERSONAL INFORMATION RECORDS TO BE CORRECTED OR DELETED

This section must be completed if the request is for the correction or deletion of personal information about the data subject in the possession or under the control of 4-Sure or YW, and the information is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully

Provide detailed reasons for the correction or deletion	
If known, please provide details of the record to which the correction or deletion relates	

F. PERSONAL INFORMATION RECORDS TO BE DELETED OR DESTROYED

This section must be completed if the request is for the destruction or deletion of a record of personal information about the data subject that 4-Sure or YW is no longer authorized to retain.

Provide detailed reasons for the destruction or deletion	
If known, please provide details of the record to which the destruction or deletion relates	

G. MEANS OF CONTACT

Please complete this section to inform us on how you would like to be contacted by marking the appropriate method either YES or NO and providing the relevant contact details.

We will use your preferred contact method to notify you if your request has been granted or denied and the reasons for such denial where applicable

Telephone number: YES/NO

Email: YES/NO

Physical address: YES/NO

Relevant contact details	
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H. DECLARATION AND SIGNATURE

I, _____ (full name), confirm that the information provided above is correct and that I am the data subject, or the person duly authorised to act on behalf of the data subject, as noted within this form.

I acknowledge that 4-Sure or YW is obligated to confirm the identity of the data subject and where applicable, the person duly authorised to act on behalf of the data subject. It may be necessary for 4-Sure or YW to contact me to obtain further information in order to action my request.

I understand that my request will not be valid until all the required information as requested by 4-Sure or YW has been received by 4-Sure or YW.

I am aware that whilst 4-Sure or YW provides the information requested without a fee, should I make unfounded, repeated or excessive requests, 4-Sure or YW may charge a reasonable administrative fee in order to process my request.

Signed aton this day of 20.....

Signature: