

## REQUEST FOR ACCESS TO RECORD OF A PRIVATE BODY

Dear Requester,

*Complete as much detail as you can.*

*This is a copy of your personal information access request you recently made with our organisation.*

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

Practicum Advisors (Pty) Ltd  
PO Box 2594  
Noordheuwel  
1756  
South Africa  
Telephone: 27114770062  
karimma@practicuma.co.za

### Information Officer

Karimma Erasmus  
Constantia View Office Estate, Capstone Building 2,  
2 Hogsback Ave, Quellerina  
Telephone: 0114770062  
Mobile:  
Email: karimma@practicuma.co.za

### Details of the right/s you wish to exercise

*Individuals have the right to request access to information about them that we hold. They also have the right to object to processing of personal information that is likely to cause, or is causing, damage or distress, the right to prevent processing for the purpose of direct marketing, the right to object to decisions being taken by automated means and, in certain circumstances, have inaccurate personal information rectified, blocked, erased or destroyed. They also have the right to lodge a complaint with a Regulator. Please note that the Access (Form C) section below is a similar and simplified version of the official version. If required, you may download the actual Form C from the Regulator's website, complete it and email it to us.*

Access (Form C)

*If you want to more than just confirm whether or not we hold your personal information, it will help us process your request more easily if you are able to provide additional information below such as:*

*Full particulars of the record to which access is requested, including the reference number if that is known to you  
If you qualify for exemption of the payment of any fee in respect of your request, please state the reason for exemption  
If the record is in written or printed form, whether you want a copy of the record or wish to inspect the record  
If the record consists of visual images, whether you want to view the images, a copy of the images or a transcription of the images  
If the record is held on computer or in an electronic or machine-readable form, whether you want a printed copy of the record, a printed copy of information derived from the record or a copy in computer-readable form  
If the record consists of recorded words or information which can be reproduced in sound, whether you want to listen to the soundtrack or want a transcription of the soundtrack  
If you requested a copy or transcription of a record, indicate if you wish the copy or transcription to be posted to you and also note that postage will be payable.  
Indicate whether a disability requires you to access the record in some other format.*

Objection (Form 1)

*In terms of Section 11(1), (d to f) of the Protection of Personal Information Act, I would like to raise an objection to the processing of my personal information. Please find all the necessary details below.*

Correction (Form 2)

*I would like to make corrections to or delete certain of my personal information which is in your possession or under your control. Please find below, details of the personal information that must be corrected or deleted as well as the reasons why this request is being made.*

Deletion (Form 2)

*I would like to delete certain RECORDS of my personal information which is in your possession or under your control and that you are **no longer authorised to retain**. Please find below, details of the RECORDS that must be deleted as well as the reasons why this request is being made.*

#### Particulars of the person making the request

First name	
Last name	
Email	
Postal address	
Telephone	
Fax number	

#### Particulars of the person on whose behalf the request is made

*This section must be completed ONLY if a request is being made on behalf of another person.*

First name	
Last name	

Describe briefly, why you are making the request on the person's behalf. Do not include sensitive information.

Person's relationship with our organisation

- Patients
- Children
- Beneficiaries
- Service Providers
- Legal Guardians
- Students
- Competent Persons
- Customers / Clients
- Employees
- Prospective Employees
- Other

Specify other

Our response to your request

*How would you prefer our response and any information to be presented to you?*

- Orally
- In writing
- Via email
- Other

Specify other

Fees

*Depending on the type of request and the number of records requested, we may charge certain fees to service the request. Please contact us directly should you have any query with regards to fees. Where requests from a data subject are manifestly unfounded or excessive, in particular because of their repetitive character, the Responsible Party may either charge a reasonable fee taking into account the administrative costs of providing the information or communication or taking the action requested; or refuse to act on the request. The Responsible Party shall bear the burden of demonstrating the manifestly unfounded or excessive character of the request.*

Signed at \_\_\_\_\_

This day \_\_\_\_\_, month \_\_\_\_\_, year \_\_\_\_\_

Signature of the Requester \_\_\_\_\_

Email this form to [karimma@practicuma.co.za](mailto:karimma@practicuma.co.za)