

**Form C**

Protection of Personal Information Act of 2013 & Promotion of Access to Information Act  
2000

Request for Correction or Deletion of Personal Information

Attention: The Information Officer

BHA-Medical (Pty) Ltd

I, \_\_\_\_\_ (First & Surname), ID number:  
\_\_\_\_\_ hereby request the following:

- 1) The following personal information must be amended:

Existing Information	New Information

- 2) The following personal information must be deleted from both manual and electronic systems:


Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

**This fully completed and signed form must be emailed to:**

The Information Officer – BHA-Medical on [informationofficer@bha-medical.com](mailto:informationofficer@bha-medical.com)