



AFISWITCH (PTY) LTD

**DATA SUBJECT PARTICIPATION
PROCESS**

AFISWITCH
an IDEMIA company

Afiswitch Data Subject Participation Process

Background

The Protection of Personal Information Act, No. 4 of 2013 (“POPIA”) confers certain rights on a Data Subject in terms of Data Subject Participation. These rights include: -

- Section 23: A Data Subject has the right, having met verification requirements, to require a Responsible Party to confirm if the Responsible Party hold personal information on the Data Subject and if does then to be able to provide the Personal Information to the Data Subject.
- Section 24: A Data Subject has the right to request a responsible party to correct or delete personal information about the data subject in its possession or under its control that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading or obtained unlawfully; or to destroy or delete a record of personal information about the data subject that the responsible party is no longer authorized to retain.

Afiswitch may receive a request requiring the above rights, either from a data subject directly to Afiswitch or a data subject referred to Afiswitch by a Responsible Party [for whom Afiswitch is an Operator/Processor].

Irrespective of the channel in which the request is made, Afiswitch will give effect to every data subject's rights in this regard.

1. Right to access your personal information:

1.1 A Data Subject may request, free of any charge, for Afiswitch to confirm if Afiswitch has personal information on the Data Subject.

a) To lodge a request to determine if a Data Subject's personal information is available at Afiswitch, the Data Subject should email a completed **Form C Request for Access to Record of Private Body form** [available on the Afiswitch Website] to informationofficer@afiswitch.com alternatively the Data Subject may email Afiswitch at informationofficer@afiswitch.com, so that the Information Officer can send the Data Subject a **Form C Request for Access to Record of Private Body form** to complete.

b) The Data Subject will be required to provide proof of identity as may be determined by Afiswitch and to follow Afiswitch procedures related to the request.

c) The Afiswitch Information Officer will direct the request, once received, to the relevant Afiswitch department to determine if there is any personal information on the Data Subject.

1.2 The Afiswitch Information Officer will require the relevant Afiswitch Department to communicate with the Data Subject on the following

a) If a fee is payable, arrange with Data Subject as to the payment process.

b) The most secure method to provide the information to the Data Subject.

1.3 The process to execute the request may take up to 20 business days to complete.

2. Right to challenge and correct the accuracy of your personal information:

- 2.1 A Data Subject may request, free of any charge, for Afiswitch to correct the accuracy of their Personal Information as held by Afiswitch or to delete this information if Afiswitch is no longer authorized to retain such information.
- 2.2 To lodge a challenge to the accuracy of the Data Subject's personal information, the Data Subject should e-mail a completed Personal Data Corrections form [available on the Afiswitch Website] to atacorrections@afiswitch.com alternatively the Data Subject may e-mail Afiswitch at atacorrections@afiswitch.com so that Afiswitch Data Corrections Department can send the Data Subject a Personal Data Corrections form to complete. When the Personal Data Corrections form is received by the Afiswitch Data Corrections Department, the Department shall:
 - 2.2.1 Log the Personal Data Correction request
 - 2.2.2 Investigate the request with the source of the Personal Information
 - 2.2.3 Resolve the request in accordance with the response from the data source
- 2.3 In the instance of a request for Deletion, such a request received by the Afiswitch Data Corrections Department will refer the request to the Afiswitch Information Officer for consideration, and will respond to the Data Subject on the outcome of the consideration.
- 2.4 The request, once received, will be executed within 20 business days from the date received.



REPUBLIC OF SOUTH AFRICA

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))[Regulation 10]

A. Particulars of private body

The Head:

Afiswitch (Pty) Ltd
Jean Park Chambers
252 Jean Ave
Centurion
0157

Email: informationofficer@afiswitch.com

B. Particulars of person requesting access to the record

- (a) The particulars of the person who requests access to the record must be given below.
(b) The address and/or fax number in the Republic to which the information is to be sent must be given.
(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:

Identity number: [Grid of 13 boxes]

Postal address:

Telephone number: (.....) Fax number: (.....)

E-mail address:

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

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

Full names and surname:

Identity number: [Grid of 13 boxes]

D. Particulars of record

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- (b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Description of record or relevant part of the record:

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2. Reference number, if available:

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3. Any further particulars of record:

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E. Fees

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

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F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required:
Mark the appropriate box with an X .	
NOTES:	
(a) Compliance with your request for access in the specified form may depend on the form in which the record is available.	
(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.	
(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.	

1. If the record is in written or printed form:					
	copy of record*		inspection of record		
2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
	view the images		copy of the images*		transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:					
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)		
4. If record is held on computer or in an electronic or machine-readable form:					
	printed copy of record*		printed copy of information derived from the record*		copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.	YES	NO
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G. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form.
The requester must sign all the additional folios.

1. Indicate which right is to be exercised or protected:

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2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

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H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

.....

Signed atthis day.....ofyear

.....

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

Form C once completed must be emailed to informationofficer@afiswitch.com

**AFISWITCH (PTY) LTD
PERSONAL DATA CORRECTION FORM**

Correction reference number: _____ (Office use)

Expected date of completion: _____ (Office use)

Full Name			
ID / Passport Number			
Mobile Number			
Other contact Number	Work		Home
Email Address			
Postal Address			

REQUEST FOR DELETION of PERSONAL INFORMATION	
Identify the Personal Information	
Reason for requesting deletion	

REQUEST FOR CORRECTION OF PERSONAL INFORMATION	
PLEASE INDICATE THE NATURE OF THE CORRECTION BY INDICATING THE INCORRECT INFORMATION AND THE RELEVANT CORRECT INFORMATION	
INCORRECT INFORMATION	CORRECT INFORMATION

PLEASE INDICATE WHICH SUPPORTING DOCUMENTS ARE ATTACHED TO THIS FORM CONFIRMING YOUR REASON FOR CORRECTION	COMMUNICATION – PLEASE INDICATE AS TO HOW YOU WANT TO BE CONTACTED ON THE OUTCOME OF THIS REQUEST	
Copy of ID document	Telephone - landline	
Proof of payment	Telephone - mobile	
Court order / court documents	Email	
Sworn affidavit		
Other		

The information provided above may be used to update your AFISWITCH information, and shared together with details of your correction with the relevant data sources for resolution of your request.

Signature _____ Date _____

Correction form once completed must be emailed to atacorrections@afiswitch.com