

FORM 1

OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11 (3) OF THEPROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013) REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [Regulation 2.]

Note:

- 1. Affidavits or other documentary evidence as applicable in support of the objection may beattached.
- 2. If the space provided for in this Form is inadequate, submit information as an Annexure to thisForm and sign each page.
- 3. Complete as is applicable.

Α	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique identifier/ Identity number	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number / E•mail address:	
В	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ registered name of responsible party:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/ e-mail address:	
	REASONS FOR OBJECTION IN TERMS OF SECTION 11 (1) (<i>d</i>) to

PO Box 652509, Benmore, 2010 Client Services 0860 116 116, service@yourremedi.co.za, www.yourremedi.co.za

Remedi Medical Aid Scheme. Registration number 1430 is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Signed at this day of 20	

*Signature of data subject/designated person

PO Box 652509, Benmore, 2010 Client Services 0860 116 116, service@yourremedi.co.za, www.yourremedi.co.za

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