

RIGHT TO WITHDRAW CONSENT REQUEST FORM

The Government Pensions Administration Agency (GPAA) / Government Employees Pension Fund (GEPF) recognises your right to request that we destroy any personal information that we keep on you. We shall do our best to remove your information within 30 calendar days after receiving the required documents. The information that you provide us with using this form will only be used to identify the personal information that you request be removed. You are not compelled to fill out this form, however, if you do so, the process will be much faster and easier for all concerned.

SECTION 1

DETAILS OF THE PERSON REQUESTING INFORMATION

Full Names: _____

Postal Address: _____

Contact Number: _____ or _____

E-mail Address: _____

SECTION 2

ARE YOU THE INFORMATION SUBJECT?

Please mark the applicable block against one of the statements below: yes or no.

YES: () I confirm that I am the data subject and I attach a copy of my identity document (not older than six months).

NO: () I am acting on behalf of the data subject. I am acting under a written power of attorney and have included the proof of the involved person's identity and my own identity document. (In order for GEPF to delete the information relating to the correct person, please provide proof of your identity as well as a registered address. If GEPF are not satisfied with your proof of identity, we reserve the right to deny your request.)



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SECTION 3

DETAILS OF THE INFORMATION SUBJECT IF DIFFERENT TO SECTION 1

Full Name: _____

Post Address: _____

Contact Number: _____ or _____

E-mail Address: _____

SECTION 4

REASON FOR REQUEST

Given the sensitive nature of removing personal information, certain requirements must be complied with in order for GPAA/GEPP to consider your request. Please provide us with a reason why you want your information deleted and attach any supporting documentation. Please mark the relevant block:

1.	I believe that my personal information is no longer necessary for the goals for which it was initially gathered.	
2.	I no longer consent to my personal information being processed.	
3.	I object to my personal information being processed in terms of my rights as per POPIA.	
4.	I believe that my personal information was processed illegally.	
5.	I am the parent/guardian of an under-age child, and I rescind permission granted previously.	

SECTION 5

WHAT INFORMATION DO YOU WANT TO ERASE?

Please detail all the information you want us to remove. Please supply any relevant details that you think will help us identify the information.



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SECTION 6

DECLARATION

I confirm that I have read, understand and consent to the above Information being removed.

I certify that the information provided in this request is accurate.

I understand that it is necessary to confirm my / the relevant person's identity and that it may be necessary to obtain more detailed information to identify the correct personal information.

Signed:

Date:

DOCUMENTS THAT MUST ACCOMPANY THIS REQUEST:

- Proof of your certified identity document (not older than six months).
- Proof of the data subject's identity document (not older than six months and if different from the above).
- Authorisation from the relevant data subject to act on his / her behalf (if relevant).
- Justification for the removal of the information.



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