Data Subject Request Form

Protection of Personal Information Act, No. 4 of 2013 · Sections 11, 23, 24 and 69

Use this form to ask Home Assist what personal information we hold about you, to correct or update it, to have it removed, to restrict how it is used, or to object to its use. These are your rights under section 8 of our Privacy Policy. Complete the form, sign it, and email it with a copy of your identity document to help@homeassist.co.za.

1. YOUR DETAILS

FULL NAME AND SURNAME

ID OR PASSPORT NUMBER

MOBILE NUMBER

EMAIL ADDRESS

ADDRESS OF THE PROPERTY WE ASSISTED WITH (IF APPLICABLE)

INSURER OR BROKER (IF KNOWN)

CLAIM OR CASE NUMBER (IF KNOWN)

POLICY NUMBER (IF KNOWN)

2. WHO IS MAKING THIS REQUEST

☐ I am the person the information is about

☐ I am acting on behalf of the person named in section 1

YOUR NAME (IF ACTING FOR SOMEONE)

RELATIONSHIP OR CAPACITY

YOUR CONTACT NUMBER OR EMAIL

If you act for someone else, attach their written consent or other proof of your authority, such as a power of attorney.

3. WHAT WOULD YOU LIKE US TO DO? (TICK ALL THAT APPLY)

☐ Tell me what personal information you hold about me, and give me a copy	Section 23
☐ Correct or update my personal information (describe the correction in section 4)	Section 24
☐ Remove my personal information (see how we do this below)	Section 24
☐ Restrict how my personal information is used	Section 24
☐ Object to the processing of my personal information (give your reasons in section 4)	Section 11(3)
☐ Stop sending me marketing or advertising communications	Section 69
☐ Other query about my personal information (describe it in section 4)	

How we remove personal information

We remove personal information by permanently anonymising it, so that it can no longer be linked to you by anyone, including Home Assist. This is permitted by POPIA and by section 5.1 of our Privacy Policy. Where the law or our agreement with your insurer requires us to keep a claim record for a period (currently seven years), we will restrict its use to what is required, anonymise it at the end of that period, and tell you. If you need the information destroyed rather than anonymised, say so in section 4.

4. DETAILS OF YOUR REQUEST

Describe what you are asking for. For a correction, give the current and the correct information. For an objection, give your reasons. Attach supporting documents if helpful.

5. PROOF OF IDENTITY

To protect your information, we will only act once we have confirmed your identity. Please attach a clear copy of your ID document, passport or driver's licence. We may contact you to confirm details, and we will never ask for your passwords or banking PINs.

☐ I have attached a copy of my identity document

☐ Proof of authority attached (if acting for someone)

6. DECLARATION

I confirm that the information in this form is true and correct, and that I am the person the information relates to or am authorised to act for that person. I understand that Home Assist will use the information in this form only to deal with my request.

NAME	SIGNATURE (TYPE OR SIGN)	DATE

7. WHAT HAPPENS NEXT

1. We acknowledge your request within five business days and give you a reference number.
2. We verify your identity and, if needed, contact your insurer or broker, who may also hold your information as the responsible party for your claim.
3. We respond within 30 days. If we need more time, or cannot do all you have asked, we will explain why in writing.
4. We do not charge to correct, remove or restrict information or to record an objection. If a fee applies to an access request, we will tell you before we proceed.
5. If you are not satisfied with our response, you may complain to the Information Regulator at POPIAComplaints@inforegulator.org.za or through www.inforegulator.org.za.

FOR HOME ASSIST USE ONLY

REFERENCE NUMBER	DATE RECEIVED	IDENTITY VERIFIED BY / DATE

ACTION TAKEN	GEMIS INSTRUCTION DATE

CERTIFICATE REFERENCE	DATE COMPLETED	INFORMATION OFFICER SIGN-OFF