



REQUEST TO DELETE PERSONAL INFORMATION

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COMPANY

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INDIVIDUAL

FOR A COMPANY:

REGISTERED COMPANY NAME: _____

TRADING NAME: _____

COMPANY REGISTRATION NO: _____

AUTHORISED PERSON (FULL NAME): _____

FOR AN INDIVIDUAL:

FULL NAME: _____

ID OR PASSPORT NO.: _____

GENERAL INFORMATION:

EMAIL ADDRESS: _____

CONTACT NUMBER 1: _____

CONTACT NUMBER 2: _____

RESIDENTIAL, POSTAL OR BUSINESS ADDRESS: _____

CODE: _____

PROVINCE: _____

PLEASE ADD YOUR REQUEST HERE: _____

PREFERRED METHOD OF CONTACT: _____

AUTHORISED SIGNATURE: _____ DATE: _____

PLEASE PROVIDE CERTIFIED DOCUMENTS TO SUPPORT ANY AMENDMENTS MADE TO YOUR PERSONAL INFORMATION.

THE COMPLETED DOCUMENT INCLUDING THE ATTACHMENTS ARE TO BE EMAILED TO popi@battery.co.za