

OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION

1 INTRODUCTION

- 1.1 This policy sets out the procedure applicable to IPS Health and Wellness Proprietary Limited ("**IPS Health and Wellness/we/our/us**") relating to the manner and form in which a data subject may object to processing of its personal information held by IPS Health and Wellness.
- 1.2 The Protection of Personal Information Act 4 of 2013 ("**POPIA**") read with the Regulations relating to the Protection of Personal Information ("**POPIA Regulations**")¹ provides that a data subject has the right to be informed of his/her/it's right to object. This means that a data subject, on reasonable grounds, can object to the processing of his/her/it's personal information by IPS Health and Wellness in certain circumstances.

2 WHEN MAY A DATA SUBJECT OBJECT TO THE PROCESSING OF PERSONAL INFORMATION

- 2.1 POPIA grants data subjects the right to object, on reasonable grounds relating to his/her/it's particular situation, to the processing of personal information in the following circumstances –
- 2.1.1 when IPS Health and Wellness processes personal information for direct marketing purposes other than direct marketing by means of unsolicited electronic communications as contained in section 69 of POPIA;
- 2.1.2 when the data subject previously consented to processing;
- 2.1.3 when IPS Health and Wellness processes personal information based on legitimate interest of the data subject; and
- 2.1.4 when IPS Health and Wellness processes personal information to pursue its legitimate interest or that of a third party to whom the information is supplied to.

3 HOW MUST AN OBJECTION BE LODGED

- 3.1 A data subject who wishes to object to IPS Health and Wellness processing his/her/it's personal information in terms of POPIA must submit the objection in the prescribed manner and form as required in terms of the POPIA Regulations.

¹ GNR.1383 of 14 December 2018: Regulations relating to the Protection of Personal Information (Government Gazette No: 42110).

- 3.2 The applicable objection form is entitled Form 1, which form is attached hereto as **Annexure A**. This form must be completed in sufficient detail and must address the following –
- 3.2.1 the identity of the data subject and proof thereof;
 - 3.2.2 the contact details of the data subject, including contact numbers and emails;
 - 3.2.3 the reasons, in sufficient detail, for the objection based on the data subject's particular circumstances in order to allow IPS Health and Wellness to assess the validity of such objection; and
 - 3.2.4 any documentary evidence supporting the objection.
- 3.3 The objection procedure above, coupled with any reasonable necessary assistance that IPS Health and Wellness may provide to the data subject, is done free of charge.

4 PROCEDURE AFTER AN OBJECTION IS LODGED

Upon receipt of an objection, IPS Health and Wellness will assess the validity of the data subject's objection and, if satisfied, will within a reasonable time cease processing the data subject's personal information and will render proof to the data subject to this effect. In the event that an objection is manifestly unfounded, excessive and/or does not accord with the dictates of POPIA, IPS Health and Wellness may refuse the objection.

5 REQUEST FOR CORRECTION, DELETION OR DESTRUCTION OF PERSONAL INFORMATION

- 5.1 A data subject who wishes to request a correction or deletion of personal information or deletion of a record of personal information in terms of POPIA must submit such request in the prescribed manner and form as required in terms of the POPIA Regulations.
- 5.2 The applicable objection form is entitled Form 2 in the POPIA Regulations, which form is attached hereto as **Annexure B**. This form must be completed in sufficient detail and must address the following –
- 5.2.1 the identity of the data subject and the proof thereof;
- 5.2.2 the contact details of the data subject, including contact numbers, and emails;
- 5.2.3 an identification of the specific information which the data subject wishes to be corrected, deleted, destroyed or destroyed; and
- 5.2.4 the reasons, in sufficient detail, for the request for –
- 5.2.4.1 the correction or deletion of the personal information of the data subject in terms of section 24(1)(a) of POPIA; and/or
- 5.2.4.2 the destruction or deletion of a record of personal information about the data subject in terms of section 24(1)(b) of POPIA.
- 5.3 The procedure to correct, delete or destruct a data subject's personal information coupled with any reasonable necessary assistance that IPS Health and Wellness may provide to the data subject is free of charge.

6 PROCEDURE AFTER A REQUEST FOR CORRECTION, DELETION OR DESTRUCTION OF PERSONAL INFORMATION IS LODGED

Upon receipt of a request for correction, deletion or destruction of a data subject's personal information, IPS Health and Wellness will assess the validity of such request and as soon as reasonably practicable

–

- 6.1 correct the personal information;
- 6.2 destroy or delete the person information;
- 6.3 notify the relevant third parties who have the personal information of the data subject to either correct, destroy or delete the personal information; and
- 6.4 provide the data subject, to his or her satisfaction, with credible evidence in support of the information.
- 6.5 Once personal information is deleted, residual copies of the information may take a period of time before they are deleted from our servers and may remain in our backup systems.

7 COMPLAINTS

Any complaints or concerns with regards to personal information or special personal information may be directed our Information Officer via email at informationofficer@ipshealth.co.za. Should your complaint not be resolved by IPS Health and Wellness, you may lodge a complaint to the office of the Information Regulator at <https://www.justice.gov.za/inforeq/>.

ANNEXURE A – OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION

Note

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

A	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 / Email address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code
Contact number(s):	
Fax number/ Email address:	
C	REASONS FOR OBJECTION IN TERMS OF SECTION 11 (1) (d) to (f) (Please provide detailed reasons for the objection)

Signed at _____ this _____ day of _____ 20.....

Signature of data subject/designated person

ANNEXURE B - REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION

Note:

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

Mark the appropriate box with an "x".

Request for:

- Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.
- Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF THE 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:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code
Contact number(s):	
Fax number/ Email address:	
C	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/DESTROYED
D	REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1) (a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1) (b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN <i>(Please provide detailed reasons for the request)</i>

Signed at _____ this _____ day of _____ 20.....

Signature of data subject/designated person