

DATA SUBJECT CONSENT FORM

I, _____
[data subject name/surname],

[data subject ID Number]

hereby grant Skill Tech Solutions (Pty) Ltd and

[third-party processor / Operator, if applicable]

authority to process my personal data for the purpose of

[specify in explicit terms, the legitimate reason/s for processing the data subject's personal information].

I am aware that I may withdraw my consent at any time by using form
POPI02_Data_Subject_Consent_Withdrawal_Form_V1.

Please send this consent form to popi@skilltechsa.co.za

Thus, Done and Signed at _____ on This _____ Day Of _____ 20__

Name: _____

Name: _____

ID: _____

ID: _____

Contact: _____

Contact: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

(The Data Subject)

(The Data Subject witness)

Who warrants his/her authority hereto.