

Personal Information Request Form

Use this form to exercise your privacy rights with BookMyTable.

Before you begin

Complete the required fields and attach suitable proof of identity.

This internal form supports POPIA requests. BookMyTable may ask for a prescribed form where required.

Do not send passwords, PINs or complete payment-card details.

A. Person making the request

Fields marked * are required

Full name *

ID or passport number *

Email address *

Contact number *

Residential or postal address

Preferred communication method

☐ Email

☐ Telephone

☐ WhatsApp

☐ Post

B. Relationship with BookMyTable

Select all that apply

☐ Diner / platform user

☐ Restaurant representative

☐ Website visitor

☐ Other

Please specify

C. Representative details

Complete only if acting for someone else

Representative's full name

Capacity / relationship

Representative's email

Representative's contact number

Attach proof of authority, guardianship or mandate if you are acting for another person.

Type and Scope of Request

Select the right you wish to exercise and identify the information concerned.

D. Type of request

Select all that apply

- | | |
|---|---|
| ☐ Confirm whether BookMyTable holds information about me | ☐ Access or receive a copy of my personal information |
| ☐ Tell me where my personal information came from | ☐ Tell me who received or accessed my information |
| ☐ Correct or update inaccurate information | ☐ Delete or destroy information, where legally permitted |
| ☐ Object to particular processing | ☐ Stop or restrict disputed processing |
| ☐ Withdraw consent for consent-based processing | ☐ Stop direct marketing communications |
| ☐ Request information about an automated decision | ☐ Other personal information request |

E. Information concerned

Select all that apply

- | | |
|---|--|
| ☐ Account and profile information | ☐ Identity and contact details |
| ☐ Reservations and booking history | ☐ Payment or refund records |
| ☐ Dining preferences and favourites | ☐ Dietary, allergy or accessibility information |
| ☐ Marketing preferences and communications | ☐ Support requests and complaints |
| ☐ Reviews, ratings or submitted content | ☐ Device, usage, location or cookie information |
| ☐ Restaurant representative information | ☐ Other information |

If you selected Other, describe the information

F. Date range and identifiers

From date

To date

Booking / account reference

Related Restaurant, reservation or transaction, if applicable

Request Details and Evidence

Give us enough information to locate records and understand the action requested.

G. Details of your request

Describe your request and the personal information involved *

H. Correction or deletion details

Complete where applicable

Information currently held or believed to be incorrect

Correction, replacement or deletion requested

Reason for the correction, objection or deletion request

I. Supporting documents

Select all that apply

- | | | |
|---|---|--|
| ☐ Proof of identity | ☐ Proof of authority | ☐ Evidence of correct information |
| ☐ Emails or messages | ☐ Booking records | ☐ Other evidence |

List the documents attached

J. Preferred response format

- | | | |
|---|---|--------------------------------|
| ☐ Electronic copy by email | ☐ Available through my Account | ☐ Other |
|---|---|--------------------------------|

Verification, Declaration and Submission

Review the guidance, confirm the declaration and submit your completed form.

K. Identity verification

BookMyTable must take reasonable steps to confirm your identity before disclosing or changing personal information. Attach a clear copy of suitable identification. You may redact information that is not reasonably required for verification. We may request further information where necessary to protect you against unauthorised access. Verification documents will be handled securely.

L. Declaration

I confirm that the information supplied in this form is true and complete to the best of my knowledge. I understand that BookMyTable may verify my identity and request further information. I authorise BookMyTable to process the details and supporting documents in this form for the purpose of handling this request in accordance with POPIA and the BookMyTable Privacy Policy.

☐

I confirm the accuracy of my details

Full name *

Date *

Signature (type your name for electronic submission) *

M. How to submit

Email the completed form and supporting documents to:

info@bookmytable.co.za

Subject: Personal Information Request - Shailen Panchpersadh
Keep a copy of your submission for your records.

N. What happens next

BookMyTable will acknowledge your request, verify your identity where necessary and respond within the period required by applicable law. We may ask for clarification if the request is broad or unclear.

Access may be refused, limited or subject to a lawful fee where permitted by POPIA, PAIA or another applicable law. We will explain the reason where legally required.