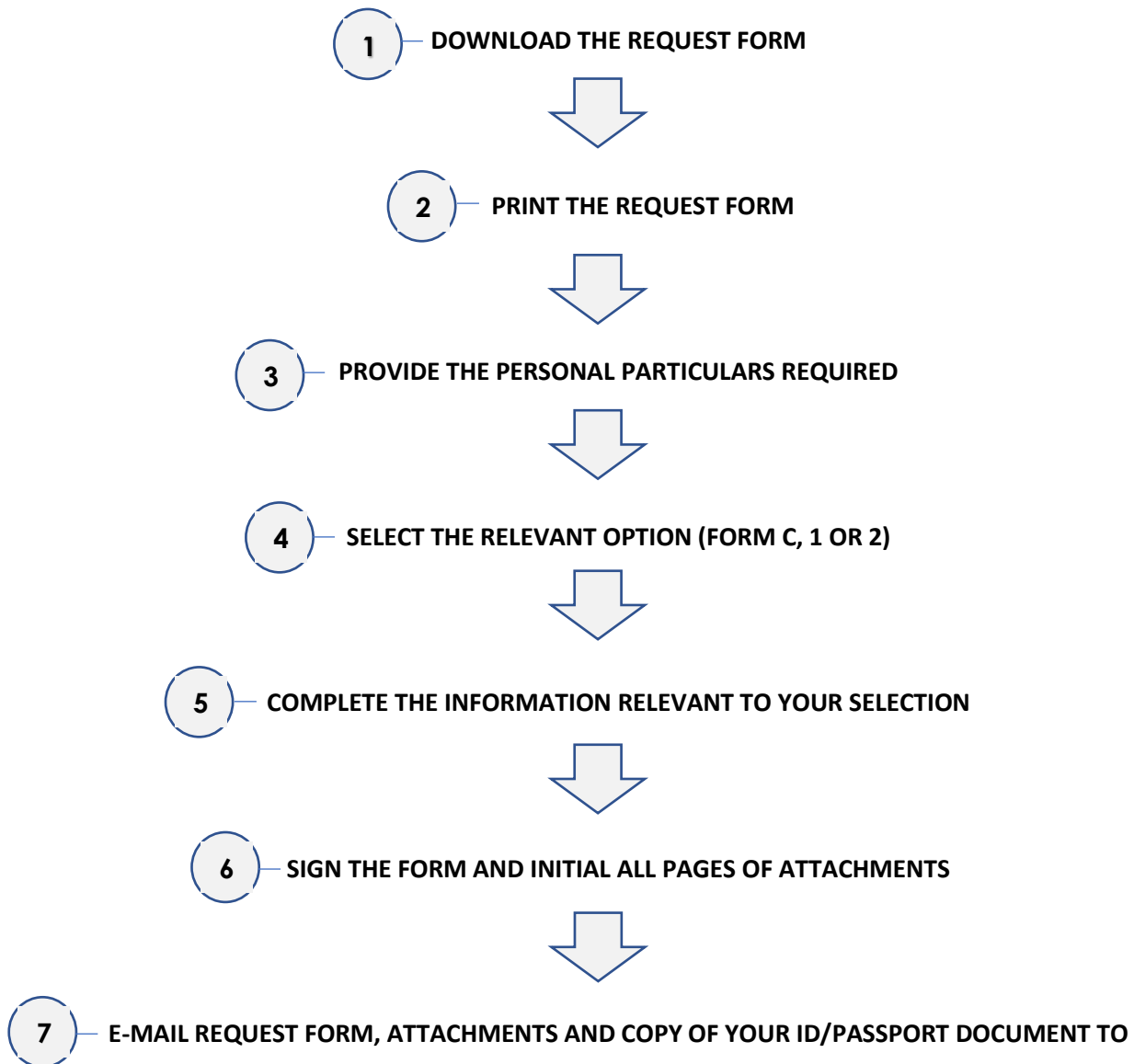


STEPS FOR COMPLETING THE INFORMATION REQUEST FORM



privacy@sibanyestillwater.com

Please note that we require a complete form with sufficient detail to allow us to successfully process your application. We will not action your request if the information provided is incomplete or insufficient and will return your documents should the detail be. Also note that we need a copy of your ID/Passport document in order to verify your identity prior to processing of your request (Protection of Personal Information Act, 2013, Section 23(1)).

FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
FORM 1: OBJECTION TO PROCESSING PERSONAL INFORMATION
FORM 2: REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION
OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION

Particulars of the Responsible Party from whom you are requesting access

Sibanye Stillwater Limited
 Constantia Office Park
 Cnr 14th Avenue & Hendrik Potgieter Road
 Bridgeview House, Ground Floor (Lakeview Avenue)
 Weltevreden Park
 1709
 South Africa
 Telephone: +27 11 278 9600

Deputy Information Officer:

Libanon Business Park
 1 Hospital Street (Off Cedar Avenue)
 Libanon, Westonaria, 1779
 Private Bag X5
 Westonaria, 1780
 +27 11 278 9600
 E-mail: privacy@sibanyestillwater.com

Particulars of the Person making the request

In line with POPIA legislation we need to verify your identity. Kindly e-mail a **copy of your Identity Document/Passport**, together with this form.

First name(s)	
Last name	
Identity number	
Unique identifier <i>(e.g. Industry Number)</i>	
Postal address	
Telephone number	
Fax number	
E-mail address	

Capacity in which request is made, when made on behalf of another person:

The requestor's relationship with our organisation:

- Employee
- Other

Specify other

Particulars of the person on whose behalf the request is made

This section must be completed ONLY if a request is being made on behalf of another person.

First name(s)	<input style="width: 100%; height: 20px;" type="text"/>
Last name	<input style="width: 100%; height: 20px;" type="text"/>
Identity number	<input style="width: 100%; height: 20px;" type="text"/>

Describe briefly, why you are making the request on the person's behalf. Do not include sensitive information.

A. REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY (Form C)

In terms of Section 11(1), (d to f) of the Protection of Personal Information Act, I would like to raise an objection to the processing of my Personal Information.

Particulars of record

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- (b) If the provided space is inadequate, please continue on a separate page and attach it to this form. **The requester must sign all the additional pages.**

Description of record or relevant part of the record:

Reference number, if available:

Any further particulars of record:

Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 of 4 below, state your disability and indicate in which form the record is required.

Disability: Form in which record is required

Mark the appropriate box with an **X**.

NOTES:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.

1. If the record is in written or printed form:				
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record	<input type="checkbox"/>
2. If record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):				
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>
3. If record consists of recorded words or information which can be reproduced in sound:				
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)	<input type="checkbox"/>
4. If record is held on computer or in an electronic or machine-readable form:				
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*	<input type="checkbox"/>
				Copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above, do you wish the copy or transcription to be posted to you?)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Particulars of rights to be exercised or protected

*If the provided space is inadequate, please continue on a separate page and attach it to this form.
The requester must sign all additional pages.*

Indicate which right is to be exercised:

Explain why the record requested is required for the exercise or protection of the aforementioned right:

Notice of decision regarding request for access

You will be notified in writing whether your request has been approved or denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record:

Orally	<input type="checkbox"/>
In writing	<input type="checkbox"/>
Via e-mail	<input type="checkbox"/>
Other	<input type="checkbox"/>

Specify other

B. OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION (Form 1)

In terms of Section 11(1), (d to f) of the Protection of Personal Information Act, I would like to raise an objection to the processing of my Personal Information. Please find all the necessary details below.

Reasons for Objection

C. REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION (Form 2)

I would like to make corrections to or delete certain of my personal information which is in your possession or under your control. Please find below, details of the personal information that must be corrected or deleted as well as the reasons why this request is being made.

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 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.

Information to be corrected/deleted/destroyed/destroyed

I would like to delete certain RECORDS of my Personal Information which is in your possession or under your control and that you are **no longer authorised to retain**. Please find below, details of the RECORDS that must be deleted as well as the reasons why this request is being made.

Reasons for correction or deletion of Personal Information about the data subject in terms of section 24(1)(a) which is in possession or under control of the responsible party

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.

Signed at _____ this _____ day of _____ 20 _____

Signature of data subject/designated person

Please ensure that all relevant fields are completed with sufficient detail in allow us to successfully process your request.

E-mail this form and all supporting documents to privacy@sibanyestillwater.com