UNIVERSITY OF KWAZULU-NATAL STAFF UNION
MEMBER DECLARATION FOR ASSISTANCE FROM UKSU

NAME: _____

STAFF NUMBER: _____

EMAIL: _____

UKSU CASE NUMBER: _____

NAME OF ALLOCATED UKSU REPRESENTATIVE: _____

Members are assured that Executive members and Organisers:

- know, understand and comply with the requirements of the POPI Act;
- follow the UKSU processes for case management in terms of POPIA;
- act with due care and diligence at all times when dealing with members' personal information.

I, (Full name): _____ Staff Number:_____

being a member of UKSU, declare that:

- I have requested assistance from UKSU and
- that I authorise the UKSU representative appointed to assist me, to use any of my personal information as may be required to assist me with my case.

Signed at:_____Date: _____

UKSU Member Name _____

UKSU Member Signature. _____