

## On Hold/Cancellation

### Dispensing for Healthcare Professionals Course

I would like to: (select one)

Put my course on hold (only valid for months remaining at the time of form submission)	
Cancel my course with the S Buys Academy (Only applicable within the first month after e-platform access was obtained)	

Disp Number: \_\_\_\_\_

<b>Title:</b>		
<b>Surname:</b>		
<b>First name(s):</b>		
<b>ID number:</b>		
<b>Contact numbers:</b>	Home: _____	Work: _____
	Cell: _____	
<b>Email address:</b>		
<b>Address for correspondence:</b>	Physical Home: _____  Postal code _____	Postal Home: _____  Postal code _____
<b>Reason for on hold:</b>	Please specify: _____	

Please email to: [dispensing@sbuys.co.za](mailto:dispensing@sbuys.co.za)

- In line with Section 15 of the Protection of Personal Information Act, 4 of 2013, I hereby freely and voluntarily consent to the Academy, its data operators, and its employees collecting, processing, sharing, and storing my personal data obtained from this document to update my profile. The Academy and its employees may further share the information obtained to report on the progress of my studies to my coordinator, employer, or funder, as the case may be.
- I understand that my personal information, as recorded and stored by the Academy, is protected in accordance with the Protection of Personal Information Act (4 of 2013). Any additional personal information I supply will be subject to the same standard of confidentiality and protection.
- I understand that I may enquire about what personal information the Academy shares and why it is necessary. I further understand that I may object to the processing of my information and request its correction or deletion at any time.

\_\_\_\_\_  
 Learner Signature:

\_\_\_\_\_  
 Date:

**Please note that the Academy will contact you to confirm the suspension/cancellation of your course.**

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