FORM 1

OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11 (3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 2.]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the objection 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 is applicable.*

A	**DETAILS OF DATA SUBJECT**
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number / E-mail address:	
B	**DETAILS OF RESPONSIBLE PARTY**
Name(s) and surname/	

Registered name of responsible party:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
C	**REASONS FOR OBJECTION IN TERMS OF SECTION 11 (1) (*d*) to (*ƒ*) (***Please provide detailed reasons for the objection*****)**

Signed at _____this_____ day of

_____ 20__

_____

Signature of data subject/designated person

FORM 2

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24 (1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013
(ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 3.]

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 is 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.

A	**DETAILS OF THE DATA SUBJECT**
Name(s) and surname/ registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	

Fax number/E-mail address:	
B	**DETAILS OF RESPONSIBLE PARTY**
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
C	**INFORMATION TO BE CORRECTED/DELETED/ DESTRUCTED/ DESTROYED**
D	**REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1) (*a*) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or 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** (*Please provide detailed reasons for the request*)

Signed at _____this_____day of _____20__	
	……
	Signature of data subject/designated person

FORM 4

APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSE OF DIRECT MARKETING IN TERMS OF SECTION 69 (2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 6.]

TO:

(*Name of data subject*)

FROM:

Contact number(s):

Fax number:

E-mail address:

(*Name, address and contact details of responsible party*)

Full names and designation of person signing on behalf of responsible party:

Signature of designated person

Date:

PART B

I,

(*full names of data subject*) hereby:

☐ Give my consent.

To receive direct marketing of goods or services to be marketed by means of electronic communication.

SPECIFY GOODS or SERVICES:

SPECIFY METHOD OF COMMUNICATION:

FAX:

E - MAIL:

SMS:

OTHERS – SPECIFY:

Signed at _____this_____ day of _____ 20__

_____

Signature of data subject

FORM 5

COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION/COMPLAINT REGARDING DETERMINATION OF AN ADJUDICATOR IN TERMS OF SECTION 74 OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 7.]

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 is applicable.

Mark the appropriate box with an "x".

Complaint regarding:

	Alleged interference with the protection of personal information
	Determination of an adjudicator.

PART I	**ALLEGED INTERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION** **IN TERMS OF SECTION 74 (1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (Act No. 4 of 2013)**
A	**PARTICULARS OF COMPLAINANT**
Name(s) and surname / registered name of data subject:	

Unique Identifier / Identity Number:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
B	**PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION**
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
C	**REASONS FOR COMPLAINT** (*Please provide detailed reasons for the complaint*)

PART II	**COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74 (2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**
A	**PARTICULARS OF COMPLAINANT**
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
B	**PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY**
Name(s) and surname of adjudicator:	
Name(s) and surname of responsible party /registered name:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
C	**REASONS FOR COMPLAINT** (*Please provide detailed reasons for the grievance*)

Signed at _____this_____day of _____20__

Signature of data subject/designated person

FORM 11
REQUEST FOR AN ASSESSMENT
SECTION 89 (1) OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 11.]

	Reference Number:
PART I	**REQUEST FOR AN ASSESSMENT IN TERMS OF SECTION 89 (1) AND (2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

A request is hereby made in terms of section 89 of the Protection of Personal Information Act 4 of 2013 that the Information Regulator must assess whether the processing of personal information complies with the provisions of the Act:

1.CONTACT DETAILS

REQUESTER:

Name(s) and surname:

Address:

Contact number/s:

E-mail address:

RESPONSIBLE PARTY:

Name(s) and surname:

Address:

Contact number/s:

E-mail address:

2.INFORMATION PROCESSING TO BE ASSESSED

3.PERSONS AFFECTED BY THE RELEVANT INFORMATION PROCESSING PRACTICE/S

4.THE REASON WHY AN ASSESSMENT IS REQUESTED

5.SPECIFIC ASPECTS OF THE PROCESSING OF INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS

6.PERIOD

I first become aware that the processing of information should be assessed on:

the

day of

20

Explain the reasons for the delay (if any) in requesting the assessment:

7.DATA SUBJECT PARTICIPATION:

Does the requester:

Have the right to access personal information held by the responsible party in terms of section 23 of the Protection of Personal Information Act 4 of 2013:

☐ Yes ☐ No ☐ Not applicable

Have to right to request the responsible party to correct personal information in terms of section 24 of the Protection of Personal Information Act 4 of 2013:

☐ Yes ☐ No ☐ Not applicable

Signed on this ___day of _____ 20___

Requester

PART II	**NOTICE OF A DECISION ON AN ASSESSMENT** **(*Section 89* (*1*) *of the Protection of Personal Information Act, 2013*** **(*Act No. 4 of 2013*)**

1.NOTICE OF A DECISION ON AN ASSESSMENT

The Regulator has decided to conduct an assessment in terms of section 89 (1) of the Protection of Personal Information Act 4 of 2013.

2.INFORMATION PROCESSING TO BE ASSESSED

3.PERSONS AFFECTED BY THE RELEVANT INFORMATION PROCESSING PRACTICE/S

4.THE REASON WHY AN ASSESSMENT IS TO BE CONDUCTED/ NOT TO BE CONDUCTED

5.SPECIFIC ASPECTS OF THE PROCESSING OF INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS

Signed on this ___day of _____ 20___day of 20 *Regulator* (*Represented by*)