**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.]

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| *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: |  | |
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| Code (       ) | |
| Contact number(s): |  | |
| Fax number/ E-mail address: |  | |
| **C** | **REASONS FOR OBJECTION IN TERMS OF SECTION 11 (1) (*d*) to (*f*) (***Please provide detailed reasons for the objection***)** | |
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| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day of \_\_\_ 20\_\_ | | |
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|  | | *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.]

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| *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. |
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|  | 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. |
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| **A** | **DETAILS OF THE DATA SUBJECT** |
| Name(s) and surname/ registered name of data subject: |  |
| Unique identifier/ Identity Number: |  |
| Residential, postal or business address: |  |
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| 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: |  |
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|  |
| Code (       ) |
| Contact number(s): |  |
| Fax number/ E-mail address: |  |
| **C** | **INFORMATION TO BE CORRECTED/DELETED/ DESTRUCTED/ DESTROYED** |
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| **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*) |
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| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on 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.]

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| TO: | |  | |  |
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|  | | (*Name of data subject*) | |  |
| FROM: | |  | |  |
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| 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: | | | | |
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|  | | | *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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day of \_\_\_ 20\_\_ | | | | |
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|  | | | *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.]

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| *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:** |
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| **PART I** |
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| **A** |
| Name(s) and surname / registered name of data subject: |
| Unique Identifier / Identity Number: |
| Residential, postal or business address: |
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| Contact number(s): |
| Fax number/ E-mail address: |
| **B** |  |
| Name(s) and surname/ Registered name of responsible party: |  |
| Residential, postal or business address: |  |
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| Contact number(s): |  |
| Fax number/ E-mail address: |  |
| **C** |  |
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| **PART II** |  |
| **A** |  |
| Name(s) and surname/ registered name of data subject: |  |
| Unique Identifier/ Identity Number: |  |
| Residential, postal or business address: |  |
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|  |
| Contact number(s): |  |
| Fax number/ E-mail address: |  |
| **B** |  |
| Name(s) and surname of adjudicator: |  |
| Name(s) and surname of responsible party /registered name: |  |
| Residential, postal or business address: |  |
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| Contact number(s): |  |
| Fax number/ E-mail address: |  |
| **C** |  |
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| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on 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.]

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| 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** | | | | | | | | |
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| **3.PERSONS AFFECTED BY THE RELEVANT INFORMATION PROCESSING PRACTICE/S** | | | | | | | | |
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| **4.THE REASON WHY AN ASSESSMENT IS REQUESTED** | | | | | | | | |
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| **5.SPECIFIC ASPECTS OF THE PROCESSING OF INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS** | | | | | | | | |
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| **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:** | | | | | | | | |
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| **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 | | | | | | | | |
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|  | | | | | | | | *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** | | | | | | | | |
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| **3.PERSONS AFFECTED BY THE RELEVANT INFORMATION PROCESSING PRACTICE/S** | | | | | | | | |
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| **4.THE REASON WHY AN ASSESSMENT IS TO BE CONDUCTED/ NOT TO BE CONDUCTED** | | | | | | | | |
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| **5.SPECIFIC ASPECTS OF THE PROCESSING OF INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS** | | | | | | | | |
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| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day of \_\_\_ 20\_\_ | | | | | | | | |
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|  | | | | | | | | *Regulator* (*Represented by*) |