#### 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, 2021 [Regulation

2]

Note:

- 1. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form
- 2. Complete as is applicable.

Α	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Postal or business address:	
	Code ( )
Contact number(s):	
Fax number / E-mail address:	
В	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Postal or business address:	
	O. d. (
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
С	REASONS FOR OBJECTION IN TERMS OF SECTION 11(3)(a) (Please provide detailed reasons for the objection)

Signed at	this	day of	20
Signature of data subject/de	esignated 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, 2021

[Regulation 3]

Note: 1. 2. 3.	atta If the Fori	davits or other documentary evidence as applicable in support of the request may be ched. e space provided for in this Form is inadequate, submit information as an Annexure to this m and sign each page. nplete as is applicable.
Mark Requ		
		a)Correction or deletion of personal information about the data subject which is in possession or under the control of the responsible party.
	Pleas	se select applicable reasons for the selected request:
	(a)	Inaccurate
	(b)	Irrelevant
	(c)	Excessive
	(d)	Out of Date
	(e)	Incomplete
	(f)	Misleading
	(g)	Obtained unlawfully
- /	the d	ruction or deletion of a record of personal information about ata subject which is in the possession or under the control of the responsible party is no longer authorised to retain the record of information.

Α	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Postal or business address:	
	Code ( )
Contact number(s):	
Fax number/E-mail address:	
В	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / registered name of responsible party:	
Postal or business	
address:	Code ( )
Contact number(s):	Soute ( )
Fax number/ E-mail address:	
	PERSONAL INFORMATION TO BE CORRECTED/DESTROYED/DELETED
С	(Please specify the personal information required to be corrected / destroyed / deleted)
	EXPLANATION FOR THE SELECTED REASON FOR A REQUEST
D	(Please provide detail explanation for the selected reasons for the request for correction or deletion of personal information which is in possession or under the control of the responsible party

Signed at	this	day of	20
Signature of data subject/ designature	motod noroon		

### 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, 2021 [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.	

PARTI	LEGED 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)
Α	PARTICULARS OF COMPLAINANT
Name(s) and surname / registered name of data subject:	
Unique Identifier / Identity Number if	
required	
Address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	

В	PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL   INFORMATION
Name(s) and surname/ Registered name of responsible party:	
Address:	
	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
С	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 if required :	
Address:	
	Code ( )
Contact number(s):	

Fax number/ E-mail address:	
В	PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY
Name(s) and surname of adjudicator:	
Name(s) and surname of responsible party /registered name:	
Address:	Code ( )
Contact number(s):	
Fax number/ E-mail address:	
С	REASONS FOR COMPLAINT (Please provide detailed reasons for the grievance)
Signed at	day of20
Signature of data su	ubject/ designated person