

**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.*

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
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>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) <i>(Please provide detailed reasons for the objection)</i></b>


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.

<b>A</b>	<b>DETAILS OF THE DATA SUBJECT</b>
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>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	

Fax number/ E-mail address:	
<b>C</b>	<b>INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED</b>
<b>D</b>	<b>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</b> <b>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.</b> <i>(Please provide detailed reasons for the request)</i>

Signed at ..... this ..... day of .....20.....

.....  
*Signature of data subject/ designated person*

**FORM 3**

**APPLICATION FOR THE ISSUE OF A CODE OF CONDUCT IN TERMS OF SECTION 61(1)(b) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**  
[Regulation 5]

<b>A</b>	<b>DETAILS OF PRIVATE OR PUBLIC BODY</b>
Name of the body:	
Private / Public body	
List the class of body or any industry size, profession, or vocation, you represent: <i>(Attach proof of representation)</i>	
Total number of members of industry, or any class of bodies, profession or vocation:	
Proportion of representation (expressed as a percentage) in the industry, class of bodies, profession or vocation <i>(Attach proof of representation)</i> :	
Business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<b>B</b>	<b>DETAILS OF PERSON WHO COMPLETES THIS FORM</b>
Name(s) and surname of person completing this form:	
Capacity in body:	

Does the person completing this Form have the authorisation of the body he/she represents to lodge this application? ( <i>Attach authorisation</i> )	
Business address ( <i>if different from body's address</i> ):	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR APPLICATION FOR INFORMATION REGULATOR TO ISSUE A CODE OF CONDUCT</b> ( <i>Please provide detailed reasons for the request and supporting documentation</i> )

Signed at ..... this ..... day of .....20.....

.....  
*Signature of the person completing the form*

**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:

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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 ..... 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.

<b>PART I</b>	<b>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)</b>
<b>A</b>	<b>PARTICULARS OF COMPLAINANT</b>
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>B</b>	<b>PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION</b>
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> <i>(Please provide detailed reasons for the complaint)</i>
<b>PART II</b>	<b>COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74(2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)</b>
<b>A</b>	<b>PARTICULARS OF COMPLAINANT</b>
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>B</b>	<b>PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY</b>
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:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> <i>(Please provide detailed reasons for the grievance)</i>

Signed at ..... this ..... day of .....20.....

.....  
*Signature of data subject/ designated person*

**FORM 19  
NOTICE OF DISMISSAL OF APPEAL  
SECTION 98 OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

[Regulation 12(2)(g)]

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
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>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<p><b>Complaint received by</b> _____ <b>(state name and surname) on</b> _____ <b>date</b> _____.</p> <p><b>Responsible party:</b></p> <p>Kindly take note that an APPEAL HAS BEEN DISMISSED in the High Court against the variation/ cancellation of an Enforcement Notice ... /... issued on ..... day of ..... 20..... Judgment is attached.</p> <p>..... Regulator (Represented by)</p>	