Personal Information Request Form

Please submit the completed for	orm to the Information Officer:	
Name		
Contact Number		
Email address		
Please be aware that there may be a reasonable charge for providing copies of the information requested.		
A. Particulars of Data Subject		
Name and Surname		
Identity Number		
Postal Address		
Contract Number		
Email address		
B. Request		
I request the Entity to:		
a) Inform me whether it holds any of my personal information		
b) Provide me with a record or description of my personal information		
C. Instructions		

D. Signature

Signature: Date:

Objection to the processing of personal information in terms of section 11(3) of the Protection of Personal Information Act, 2013

Regulations pertaining to the Protection of Personal Information [REGULATION 2]

A. Particulars of Data Subject	
Name and Surname	
Identity Number	
Postal Address	
Contact Number	
Email address	
B. Details of Responsible Party	
Name (s) and Surname/ Registered name of the responsible party:	
Residential, postal or business address:	
Contact Number(s):	
Fax Number/E-mail address:	
C. Reasons for objection in term	
(Please provide detailed reasons for the obje	cctions)
·	
* 10 x 30 4 - 11 x x x x x	
D. Signature	
Signature:	Date:
oignature.	Date.

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

Regulations pertaining to the Protection of Personal Information [REGULATION 3]

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. Particulars of Data Subject		
Name and Surname		
Identity Number		
Postal Address		
Contact Number		
Email address		
B. Details of Responsible Party		
Name (s) and Surname/ Registered name of the responsible party:		
Residential, postal or business address:	y.	
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 informing is in possession or under the control of the responsible party 	
Reasons Destroying or deletion of a record of personal infor- which is in possession or under the control of the responsible	
authorised to retain the record of information	e party and who is no longer
D. Signature	
Signature:	Date:

Internal POPIA Complaint Form

Please submit your complaint to the Information Officer:	
Name	
Contract Number	
Email address	
A. Particulars of Complainant	
Name and Surname	
Identity Number	
Postal Address	
Contract Number	
Email address	
B. Details of Complaint	
C. Desired Outcome	
D. Signature	
Signature:	Date:

Complaint regarding interference with the Protection of Personal Information in terms of section 74 of the Protection of Personal Information Act, 2013

Regulations pertaining to the Protection of Personal Information [REGULATION 7]

Mark the appropriate box with	Mark the appropriate box with an "X"		
Complaint regarding:			
Alleged interference with the prote	ction of personal information		
	DARTI		
ALLEGED INTERFERENCE WITH	PART I H THE PROTECTION OF PERSONAL INFORMATION IN TERMS OF		
	PROTECTION OF PERSONAL INFORMATION ACT, 2013		
A. Particulars of Complain	ant		
Name and Surname			
Identity Number			
Postal Address			
Contact Number			
Email address			
B. Particulars of the respo	nsible party interfering with personal information		
Name (s) and Surname/			
Registered name of the			
responsible party:			
Residential, postal or business			
address:			
Contact Number(s):			
Fax Number/E-mail address:			
C. Reasons for the complaint			
(Please provide detailed reasons for the com	plaint)		
D. Signature			
Signature:	Date:		