

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 <i>(Please provide detailed reasons for the complaint)</i> |
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| 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 <i>(Please provide detailed reasons for the grievance)</i> |
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Signed at this day of20.....

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Signature of data subject/ designated person

