

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, 2017
[Regulation 7]

Note:

1. Affidavits or other documentary evidence in support of the request must 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.

Reference
Number:.....

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 (Section 74(1) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013))		
A	PARTICULARS OF COMPLAINANT		
Surname of complainant:			
Full names of complainant:			
Identity number of complainant:			
Residential, postal or business address:			
	Code ()		
Contact number(s):			
Fax number:			
E-mail address:			
B	PARTICULARS OF BODY/RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION		

Full names and surname of person interfering with personal information (if the person is a natural person)			
Name of public or private body (if not a natural person):			
Residential address (if applicable,,: postal address or business address:			
	(Code)		
Contact number(s):			
Fax number:			
E-mail address:			
C	REASONS FOR COMPLAINT (Please provide detailed reasons for the complaint)		
PART II	GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR (Section 74(2) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013))		
A	PARTICULARS OF COMPLAINANT		
Surname of complainant:			
Full names of complainant:			
Identity number of complainant:			
Residential, postal or business address:			
	Code ()		
Contact number(s):			
Fax number:			
E-mail address:			
B	PARTICULARS OF ADJUDICATOR		

Full names and surname of adjudicator	
Name and surname of responsible party (<i>if it is a public or private body</i>):	
Name of responsible party (<i>if it is a public or private body</i>):	
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>)

Signed at this day of20.....

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Signature of complainant/person aggrieved