

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.]

2.If the sp each page		e in support of the request may be attached. ubmit information as an Annexure to this Form and sign								
Mark the	appropriate box with an "x".									
Complair	nt regarding: Alleged interference wit	h the protection of personal information								
	Determination of an adju	udicator.								
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) subject:	and surname / registered name of data									
Unique lo	dentifier / Identity Number:									
Resident	ial, postal or business address:									
		Code ()								
Contact r	number(s):	,								
Fax num	ber/ E-mail address:									
В	PARTICULARS OF RESPONSIBLE PARTY II	NTERFERING WITH PERSONAL INFORMATION								
Name(s) party:	and surname/ Registered name of responsib	le								
Residential, postal or business address:										
		Code ()								

Contact nu	mber(s):										
	r/ E-mail address:										
C	REASONS FOR COMPLAINT (A	Please prov	ide de	detaile	ed reas	sons f	or the	complaii	nt)		
PART II	COMPLAINT REGARDING DET	FRMINATI	ON O	OF AI	וחחונ	CATO	R IN T	FRMS O	F SECTIO	ON 74 (2) OF
	RT II COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74 THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)									,	-, •.
A	PARTICULARS OF COMPLAIN										
Name(s) an	d surname/ registered name										
of data sub											
Unique Identifier/ Identity Number:											
Residential	., postal or business address:										
		<u> </u>									
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Contact nu											
	r/ E-mail address: PARTICULARS OF ADJUDICAT	FOR AND R	ECDO	ONCI	DIED	ADTV					
	d surname of adjudicator:	OK AND K	ESPU	UNSII	DLE P	AKII					
, ,	d surname of responsible										
	stered name:										
	, postal or business address:										
	, postar or outsiness and essi										
		Code ()								
Contact nu	mber(s):										
Fax numbe	r/ E-mail address:										
C	REASONS FOR COMPLAINT (A	Please prov	ide de	detaile	ed reas	sons f	or the	grievanc	e)		
Cianad at	+hi-	day of	20								
Signed at	this	uay of	20								
Sianature	of data subject/designated pers	son									
2.9.10.01.0	-, Judjece, acongnated pers										