## FORM 5

COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION/COMPLIANT 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".

Request for:

- □ Alleged interference with the protection of personal information.
- If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

each page.		
PART   ALLEGED INT		
1 74 of the Prote	ction 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:		
	or	
business address:		
	Code:	
Contact number(s):		
Email address:		
	OF BODY/RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION	
Full names and surnam		
of person interfering wit		
the personal information		
(if responsible party is	a	
natural):		
Name of public or privat		
body (if not a nature	3/	
person):	; t	
	if	
applicable, postal obusiness address:	or	
business address.		
	Code:	
Contact number(s):		
Email address:		
C REASONS FO	R COMPLAINT (Please provide detailed reasons for the compliant)	
THE RESIDENCE OF		

	GARDING DETERMINATION OF ADJUDICATOR (Section 74(2) of the Protection of	
II 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):		
Email address:		
	OF ADJUDICATOR	
Full name and surname of		
adjudicator:		
Name and surname of		
responsible party (if it a		
public or private body):		
Name of responsible		
party (if it a public or private		
body):		
Residential, postal or		
business address:		
	Code:	
Contact number(s):		
Email address:		
C REASONS FO	R COMPLAINT (Please provide detailed reasons for the compliant)	
TREPROGRETION	Treade provide detailed readend for the compliant,	
Signed at		
Signature of complaint/person (aggrieved)		