## 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)
А	PARTICULARS OF COMPLAINANT
Name(s) and surname / registered name of data subject:	
Unique Identifier/Identity Number:	
Residential, postal or business address:	
business address:	
-	Code ( )
Contact number(s):	
Fax number/ E-mail address:	

В	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:	
С	<b>REASONS FOR COMPLAINT</b> (Please provide detailed reasons for the complaint)
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)
А	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:	
В	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:		
	<b>REASONS FOR COMPLAINT</b> ( <i>Please provide detailed reasons for the grievance</i> )	
address:	<b>REASONS FOR COMPLAINT</b> (Please provide detailed reasons for the grievance)	
address:		

Signed at ...... day of ......20.....

Signature of data subject/ designated person