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]

-	 Affidavits or other documentary evidence in support of the request must be a If the space provided for in this Form is inadequate, submit information as Annexure to this Form and sign each page. 		
		he appropriate box with an "x". laint regarding:	Reference Number:
]	Alleged interference with the protection of personal information	
	1	Determination of an adjudicator.	

PART I		NITERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION 174(1) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)
Α		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:		
В	PARTI	CULARS OF BODY/RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION

interferin personal the person person)	of person g with information (if n is a natural		
	public or ody (if not a erson):		
applicabl	ial address (if le,,: postal or business	(Code	
Contact	number(s):		, ,
Fax num	ber:		
E-mail ad	ddress:		
С	REA	ASONS FOR COMPLAINT (Please provide detailed reasons for the complaint)	
PART II		GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR	
		- 74/0) of the Duetosties of Developed Information Act 0040 /Act No. 4 of 0040	.,
Α	(Section	n 74(2) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013 PARTICULARS OF COMPLAINANT	3)
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Surname complain Full name complain Identity recomplain Resident business Contact i	e of eant: es of eant: es of eant: number of eant: es address: number(s):	PARTICULARS OF COMPLAINANT	3)

Full names and surname of adjudicator	
Name and surname of responsible party (if it is a public or private body):	
Name of responsible party (if it is a public or private body)):	
Residential, postal or	
business address:	(Code)
Contact number(s):	
Fax number:	
E-mail address:	
C REA	SONS FOR COMPLAINT (Please provide detailed reasons for the grievance)
Signed at	thisday of20
Signature of complainan	