

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:

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Alleged interference with the protection of personal information

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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)
A	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 :	

B	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:	
C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the complaint)</i>
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)
A	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:	
B	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:	
C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the grievance)</i>

Signed at this day of20.....

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Signature of data subject/ designated person