



**INFORMATION
REGULATOR
(SOUTH AFRICA)**

*Ensuring protection of your personal information
and effective access to information*

Address: JD House, 27 Stiemens Street
Braamfontein, Johannesburg, 2001
P.O. Box 31533
Braamfontein, Johannesburg, 2017
Tel: 010 023 5200
Email: PAIACompliance@infoRegulator.org.za

REQUEST FOR ASSESSMENT

FORM 13

[Regulation 14(1)]

I,

Full Name(s)				
Postal Address				
Street Address				
E-Mail Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			

hereby, in terms of section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), request that the Information Regulator assess whether the under-mentioned public or private body generally complies with the provisions of the Act insofar as its policies and implementation procedures are concerned.

Name of Private / Public Body				
Postal Address				
Street Address				
E-Mail Address				
Contact Number(s)	Tel. (B)		Facsimile	
	Cellular			

PARTICULARS OF INFORMATION TO BE ASSESSED

PERSONS AFFECTED BY THE RELEVANT INFORMATION PRACTICE/S

THE REASON WHY AN ASSESSMENT IS REQUESTED

SPECIFIC ASPECTS OF THE INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS

Signed at _____ this _____ day of _____ 20 _____

Requester

FORM 1

**OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN
TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL
INFORMATION ACT, 2013 (ACT NO.
4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL
INFORMATION, 2017**
[Regulation 2(1)]

Note:

1. *Affidavits or other documentary evidence in support of the objection 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....

A	DETAILS OF DATA SUBJECT	
Name and surname of data subject:		
Residential, postal or business address:		
	Code ()	
Contact number(s):		
Fax number:		
E-mail address:		
B	DETAILS OF RESPONSIBLE PARTY	
Name and surname of responsible party <i>(if the responsible party is a natural)</i> :		
Residential, postal or business address:		
	Code ()	
Contact number(s):		
Fax number:		
E-mail address:		

Name of public or private body (if the responsible party is not a natural person):	
Business address:	
	Code ()
Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR OBJECTION <i>(Please provide detailed reasons for the objection)</i>

Signed at this day of20.....

.....
Signature of data subject (applicant)

FORM 2

**REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR
DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF
SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO.
4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017
[Regulation 3(2)]**

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:

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A		DETAILS OF THE DATA SUBJECT	
Surname:			
Full names:			
Identity number:			
Residential, postal or business address:			
			Code ()
Contact number(s):			
Fax number:			
E-mail address:			
B		DETAILS OF RESPONSIBLE PARTY	
Name and surname of responsible party (<i>if the responsible party is a natural person</i>):			
Residential, postal or business address:			
			Code ()
Contact number(s):			
Fax number:			
E-mail address:			

Name of public or private body (if the responsible party is not a natural person):	
Business address:	
	Code ()
Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/*DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY. (Please provide detailed reasons for the request)

* *Delete whichever is not applicable*

Signed at this day of20.....

.....
Signature of Data subject

FORM 3

**APPLICATION FOR THE ISSUE OF A CODE OF CONDUCT IN TERMS OF
SECTION 61(1)(b) OF THE PROTECTION OF PERSONAL INFORMATION ACT,
2013 (ACT NO. 4 OF
2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL
INFORMATION, 2017
[Regulation 5]**

A		DETAILS OF PRIVATE OR PUBLIC BODY (APPLICANT)	
Indicate whether applicant is a private or a public body:			
List class of bodies, or of any industry, profession, or vocation, you represent: <i>(Attach proof of representation)</i>			
Business address:			
			Code ()
Contact number(s):			
Fax number:			
E-mail address			
B		DETAILS OF PERSON WHO COMPLETES THIS FORM	
Full names of person completing this Form:			
Capacity in body:			
Does the person completing this Form have the authorisation of the body he/she represents to lodge this application? <i>(Attach authorisation)</i>			
Business address <i>(if different from body's address)</i> :			
			Code ()

Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR APPLICATION FOR INFORMATION REGULATOR TO ISSUE A CODE OF CONDUCT <i>(Please provide detailed reasons for the request)</i>

Signed at this day of20.....

.....
Signature of person completing form

FORM 3
OUTCOME OF REQUEST AND OF FEES PAYABLE
 [Regulation 8]

Note:

1. If your request is granted the—
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

Reference number: _____

TO: _____

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body (<i>including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form</i>) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.	
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OR

2. You requested:

Printed copies of the information (<i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i>)	
Written or printed transcription of virtual images (<i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i>)	
Transcription of soundtrack (<i>written or printed document</i>)	
Copy of information on flash drive (<i>including virtual images and soundtracks</i>)	
Copy of information on compact disc drive (<i>including virtual images and soundtracks</i>)	
Copy of record saved on cloud storage server	

3. To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (<i>including transcriptions</i>)	
E-mail of information (<i>including soundtracks if possible</i>)	
Cloud share/file transfer	
Preferred language: (<i>Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available</i>)	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

--

4. Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

Yes

No

Hours of search	Amount of deposit (calculated on one third of total amount per request)

The amount must be paid into the following Bank account:

Name of Bank: _____
 Name of account holder: _____
 Type of account: _____
 Account number: _____
 Branch Code: _____
 Reference Nr: _____
 Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

 Information officer

FORM 4

**APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR THE PROCESSING OF
PERSONAL INFORMATION FOR THE PURPOSE OF DIRECT MARKETING IN TERMS OF
SECTION 69(2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO.
4 OF 2013)**

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017
[Regulation 6]

TO: _____

(Name and address of data subject)

FROM: _____

Contact number(s): _____
Fax number: _____
E-mail address: _____
(Name, address and contact details of responsible party)

Dear *Mr/Ms/Dr/Adv/Prof _____

PART A

1. In terms of section 69 of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), the processing of personal information of a data subject (the person to whom personal information relates) for the purpose of direct marketing by means of any form of electronic communication, including automatic calling machines, facsimile machines, SMSs or e-mail is prohibited unless written consent to the processing is given by the data subject. You may only be approached once for your consent by this responsible party. After you have indicated your wishes in Part B, you are kindly requested to submit this Form either by post, facsimile or e-mail to the address, facsimile number or e-mail address as stated above.

2. "Processing" means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including—
- (a) the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;
 - (b) dissemination by means of transmission, distribution or making available in any other form; or
 - (c) merging, linking, as well as restriction, degradation, erasure or destruction of information.

3. "Personal information" means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to—

- (a) information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;
- (b) information relating to the education or the medical, financial, criminal or employment history of the person;
- (c) any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
- (d) the biometric information of the person;
- (e) the personal opinions, views or preferences of the person;
- (f) correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;
- (g) the views or opinions of another individual about the person; and
- (h) the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

(Signature of person authorised by responsible party)

Full names and designation of person signing on behalf of responsible party:

Date: _____

PART B

I, _____ (*full names*) hereby:

Consent to goods and services to be marketed by means of unsolicited electronic communication.

SPECIFY GOODS AND SERVICES:

SPECIFY METHOD OF COMMUNICATION: FAX :
E - MAIL :
SMS :
OTHERS – SPECIFY:

Give my consent.

Do not give my consent.

Signed at this day of20.....

.....
Signature of data subject

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]

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".

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 (Section 74(1) of the Protection 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:			
Residential, postal or business address:			
		Code ()	
Contact number(s):			
Fax number:			
E-mail address:			
B		PARTICULARS OF BODY/RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION	

Full names and surname of person interfering with personal information <i>(if the person is a natural person)</i>	
Name of public or private body <i>(if not a natural person)</i> :	
Residential address <i>(if applicable,,: postal address or business address:</i>	
	(Code)
Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the complaint)</i>
PART II	GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR <i>(Section 74(2) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)</i>
A	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:	
B	PARTICULARS OF ADJUDICATOR

Full names and surname of adjudicator	
Name and surname of responsible party (<i>if it is a public or private body</i>):	
Name of responsible party (<i>if it is a public or private body</i>):	
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.....

.....
Signature of complainant/person aggrieved

FORM 1

REQUEST FOR A COPY OF THE GUIDE

[Regulations 3]

TO: The Information Officer

I,

Full names:			
In my capacity as (mark with "x"):	Information officer		Other
Name of *public/private body (if applicable)			
Postal Address:			
Street Address:			
E-mail Address:			
Facsimile:			
Contact numbers:	Tel.(B):		Cellular:

Hereby request the following copy (ies) of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
<input type="checkbox"/> Sepedi		<input type="checkbox"/> Sesotho	
<input type="checkbox"/> Setswana		<input type="checkbox"/> siSwati	
<input type="checkbox"/> Tshivenda		<input type="checkbox"/> Xitsonga	
<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> isiZulu			

Manner of collection (mark with "x"):

Personal collection	Postal address	Facsimile	Electronic communication (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed at _____ this _____ day of _____ 20 _____

Signature of requester

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

TO: The Information Officer

(Address)

E-mail address:

Fax number:

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person.

PERSONAL INFORMATION			
Full Names			
Identity Number			
Capacity in which request is made <i>(when made on behalf of another person)</i>			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile: <input type="text"/>
	Cellular:		
Full names of person on whose behalf request is made <i>(if applicable):</i>			
Identity Number			
Postal Address			

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
PARTICULARS OF RECORD REQUESTED			
<i>Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</i>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
TYPE OF RECORD <i>(Mark the applicable box with an "X")</i>			
Record is in written or printed form			
Record comprises virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>			
Record consists of recorded words or information which can be reproduced in sound			
Record is held on a computer or in an electronic, or machine-readable form			

FORM OF ACCESS
(Mark the applicable box with an "X")

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

MANNER OF ACCESS
(Mark the applicable box with an "X")

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language (Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected	

Explain why the record requested is required for the exercise or protection of the aforementioned right:	

FEEES	
a)	<i>A request fee must be paid before the request will be considered.</i>
b)	<i>You will be notified of the amount of the access fee to be paid.</i>
c)	<i>The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.</i>
d)	<i>If you qualify for exemption of the payment of any fee, please state the reason for exemption</i>
Reason	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:	
Request received by: <i>(State Rank, Name And Surname of Information Officer)</i>	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer