

**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)
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>B</b>	<b>PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION</b>
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> <i>(Please provide detailed reasons for the complaint)</i>
<b>PART II</b>	<b>COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74(2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)</b>
<b>A</b>	<b>PARTICULARS OF COMPLAINANT</b>
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>B</b>	<b>PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY</b>

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>C</b>	<b>REASONS FOR COMPLAINT</b> <i>(Please provide detailed reasons for the grievance)</i>

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

.....  
*Signature of data subject/ designated person*