June 2021

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53 (1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000))

[Regulation 10]

| A. Particulars of private body |
|--|
| The Head: |
| |
| |
| |
| B. Particulars of person requesting access to the record |
| (a) The particulars of the person who requests access to the record must be given |
| below. (b) The address and/or fax number in the Republic to which the information is to be |
| sent must be given. (c) Proof of the capacity in which the request is made, if applicable, must be |
| (c) Proof of the capacity in which the request is made, it appears attached. |
| |
| Full names and surname: |
| |
| |
| Identity number: |
| Postal address: |
| |
| |
| Fax number: |
| Telephone number: E-mail address: |
| Capacity in which request is made, when made on behalf of another person: |
| Capasity |
| C. Particulars of person on whose behalf request is made |
| This section must be completed ONLY if a request for information is made on behalf of another |
| This section must be completed once. If a requirement of the section must be completed once. |
| person. |
| Full names and surname: |
| |
| |
| PHOA PAPI Manual |

| dentity number: | |
|---|--|
|). Particulars of record | |
| (a) Provide full particulars of the record to which access is | requested, including the |
| reference number if that is known to you, to enable the re | ecord to be located. |
| (b) If the provided space is inadequate, please continue of | n a separate folio and |
| attach it to this form. The requester must sign all the add | litional folios. |
| | |
| Description of record or relevant part of the record: | |
| | |
| | |
| | |
| | |
| 2. Reference number, if available: | |
| 3. Any further particulars of record: | |
| 4. | |
| | |
| | |
| | |
| E. Fees | |
| (a) A request for access to a record, other than a record of processed only after a request fee has been paid. | ontaining personal information about yourself, will be |
| (b) You will be notified of the amount required to be paid | as the request fee. |
| required to search for and prepare a record. | form in which access is required and the reasonable time |
| (d) If you qualify for exemption of the payment of any fee | e, please state the reason for exemption. |
| Reason for exemption from payment of fees: | |
| | |
| | |
| F. Form of access to record | |
| | n to the record in the form of access provided for in 1 to 4 |
| If you are prevented by a disability to read, view of lister hereunder, state your disability and indicate in which for | rm the record is required. |
| hereunder, state your disability and indicate in which to | The die costs of the costs of t |
| Pi - Lillia | Form in which record is required: |
| Disability: | |
| | |
| | |

June 2021

Mark the appropriate box with an X.

NOTES:

PHOA

- (a) Compliance with your request in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

| . If the record is in written or p | inspection of record | | | | |
|--|---|------------------------|-----------|------|-----|
| copy of record* | ages (this includes photographs, slides, video | recordings, compute | er-gener | ate | t t |
| . If record consists of visual im | lages (this includes photographs, shads, the | | | | |
| mages, sketches, etc.): | copy of the images* | transcription of | f the ima | iges | * |
| view the images | words or information which can be reprodu | | | | |
| 3. If record consists of recorded | Transcription of soundtrack* | | | | |
| Listen to the soundtrack | (with a perinted document) | | | | |
| (audio cassette) | (written or printed document) | n: | | | |
| If record is held on computer | r or in an electronic or machine-readable form | Copy in comput | ter reada | ble | |
| Printed copy of record | Printed copy of information derived from the record* | form* | | | |
| * If you requested a copy or tra transcription to be posted to yo Postage is payable. | inscription of a record (above), do you wish thou? | e copy or | YES | | NC |
| . Particulars of right to be exe | rcised or protected | | | | |
| i. Particulars of right to be exe | rcised or protected | | | | |
| | | | | | |
| If the provided space is inaded | quate, please continue on a separate folio and | attach it to this form | 1. | | |
| | quate, please continue on a separate folio and | attach it to this form | 1. | | |
| If the provided space is inaded The requester must sign all the | quate, please continue on a separate folio and ne additional folios. | | 1. | | |
| If the provided space is inaded The requester must sign all the second state of the s | quate, please continue on a separate folio and ne additional folios. exercised or protected: | | h. | | |
| If the provided space is inaded The requester must sign all the sign all the second states are sign as the second | quate, please continue on a separate folio and ne additional folios. exercised or protected: | | 1. | | |
| If the provided space is inaded The requester must sign all the 1. Indicate which right is to be a 2. Explain why the record requents Aforementioned right: | quate, please continue on a separate folio and ne additional folios. exercised or protected: | n of the | 1. | | |
| If the provided space is inaded The requester must sign all the 1. Indicate which right is to be a 2. Explain why the record requents Aforementioned right: | quate, please continue on a separate folio and ne additional folios. exercised or protected: | n of the | 1. | | |

PAPI Manual

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

| How would you prefer to be informed of the de | | |
|---|------------------------|-----------------|
| record? | | |
| | | |
| Signed atthisthis | | |
| | | |
| | | |
| | | |
| | | |
| | SIGNATURE OF REQUESTER | PERSON ON WHOSE |
| | BEHALF REQUEST IS MADE | |

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, 2018 [Regulation 2]

Note:

- 1 Affidavits or other documentary evidence as applicable in support of the objection 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.

| DETAILS OF DATA SUBJECT |
|-------------------------|
| DETAILS OF BATA SOBLET |
| |
| |
| |
| Code () |
| |
| June 202 |
| |

PHOA

PAPI Manual

| В | DETAILS OF RESPONSIBLE PARTY | |
|------------------------------|---|----------|
| Name(s) and | | |
| surname/ Registered | | |
| name of responsible | | |
| party: | | |
| Residential, postal or | | |
| business address: | | |
| | C | ode () |
| Contact number(s): | | |
| Fax number/ E-mail | | |
| address: | | |
| | REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) | |
| С | (Please provide detailed reasons for the objection) | |
| | | |
| Signed at | this day of20 | |
| | | |
| Signature of data subject | ct/designated person | |
| | FORM 2 | |
| | QUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR | |
| | G OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION | |
| 24(1 | 1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. | |
| | 4 OF 2013) | |
| REGUL | LATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 | |
| | [Regulation 3] | |
| Note: | t and the estected | |
| | nentary evidence as applicable in support of the request may be attached. | |
| | in this Form is inadequate, submit information as an Annexure to | |
| this Form and sign each pag | | |
| 3. Complete as is applicable | 2. | |
| Mark the appropriate | box with an "x". | |
| Request for: | | 00 |
| Correction or | deletion of the personal information about the data subject which is in possession o responsible party. | |
| BHOA | PAPI Manual | June 202 |

| DETAILS OF RESPONSIBLE PARTY | Code () |
|--|---|
| | |
| | |
| | |
| | |
| | |
| | |
| DETAILS OF RESPONSIBLE PARTY | Code () |
| DETAILS OF RESPONSIBLE PARTY | Code () |
| DETAILS OF RESPONSIBLE PARTY | Code () |
| DETAILS OF RESPONSIBLE PARTY | Code () |
| | Code () |
| | |
| | |
| | |
| | |
| INFORMATION TO BE CORRECTED/DELETED/DESTRUCTED/DESTROYED | |
| REASONS FOR CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and/or REASONS FOR *DESTRUCTION OR DELETION OR A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS FO SECTION 24(1)(b) WHICH THE RESPONSIBLE APRTY IS NO LONGER AUTHORISED TO RETAIN. (Please provide detailed reasons for the request) | |
| this day of20 | |
| • | INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24 (1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and/or REASONS FOR *DESTRUCTION OR DELETION OR A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS FO SECTION 24(1)(b) WHICH THE RESPONSIBLE APRTY IS NO LONGER AUTHORISED TO RETAIN. (Please provide detailed reasons for the request) |

PHOA

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,

2018 [Regulation 5]

A DETAILS OF PRIVATE OR PUBLIC BODY

| A | DETAILS OF THE DATA SUBJECT |
|---|---|
| Name of the body | |
| Private / Public body | |
| List the class of body | |
| or any industry size, | |
| profession, or | |
| vocation, you | |
| represent. (Attach | |
| proof of | |
| representation) | |
| Total number of | |
| members of industry, | |
| or any class of | |
| bodies, profession or | |
| vocation | |
| Proportion of | |
| representation | |
| (expressed as a | |
| percentage) in the | |
| industry, class of | |
| bodies, profession or | |
| vocation (Attach proof | |
| of representation) Business address | |
| Business address | |
| | Code (|
| Contact numbers | |
| Email address | DETAILS OF PERSON WHO COMPLETES THIS FORM |
| В | DETAILS OF PERSON WITO COMM ELECTION |
| Name(s) and | |
| surname of person | |
| completing this form | |
| Does the person | |
| completing this Form have the authorisation | |
| of the body he/she | |
| represents to lodge | |
| this application? | |
| (attach authorisation) | |
| Business address (if | |

| different from body'saddress): | Code |
|--------------------------------|---|
| Contact number(s): | |
| E-mail address: | |
| С | REASONS FOR APPLICATION FOR INFORMATION REGULATOR TO ISSUE A CODE OF CONDUCT (Please provide detailed reasons for the request and supporting documentation) |
| | |
| | |
| | |
| | |
| | |

| Signed at | . triis day or |
|------------------------------------|----------------|
| | |
| | |
| Signature of the person completing | the form |