

## 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, 2021 [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.

<b>PART I</b>		<b>LEGED 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)</b>
<b>A</b>		<b>PARTICULARS OF COMPLAINANT</b>
Name(s) and surname / registered name of data subject:		
Unique Identifier / Identity Number if required		
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:	
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 if required :	
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:	
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*