

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 (if the responsible party is a natural person):			
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:	
Contact number(s):	Code ()
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 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:
	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

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.)

Description of record or relevant part of the record:	

Reference number, if available	
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Any further particulars of record	

TYPE OF RECORD
(Mark the applicable box with an "X")

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 <i>(Mark the applicable box with an "X")</i>	
Printed copy of record <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 record on flash drive <i>(including virtual images and soundtracks)</i>	
Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>	
Copy of record saved on cloud storage server	

MANNER OF ACCESS <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record 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>	
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>	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED	
<i>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.</i>	
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:	

FEES	
a)	A request fee must be paid before the request will be considered.
b)	You will be notified of the amount of the access fee to be paid.
c)	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.
d)	If you qualify for exemption of the payment of any fee, please state the reason for exemption
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

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

Signature of Information Officer

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.

TO: _____ Reference number: _____

Your request dated _____, refers.

1. You requested:

Personal inspection of information 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) 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 (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 information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive (including virtual images and soundtracks)	
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 (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)	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

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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	R60.00		
• If provided to the requestor			
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	R60.00		
• If provided to the requestor			
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

INTERNAL APPEAL FORM

FORM 4

[Regulation 9]

Reference Number:

PARTICULARS OF PUBLIC BODY			
Name of Public Body			
Name and Surname of Information Officer:			
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL			
Full Names			
Identity Number			
Postal Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
E-Mail Address			
Is the internal appeal lodged on behalf of another person?	Yes	<input type="checkbox"/>	No
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>		<input type="checkbox"/>	
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)			
Full Names			
Identity Number			
Postal Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
E-Mail Address			

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED
(mark the appropriate box with an "X")

Refusal of request for access

Decision regarding fees prescribed in terms of section 22 of the Act

Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act

Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester

Decision to grant request for access

GROUND FOR APPEAL

(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)

State the grounds on which the internal appeal is based:

State any other information that may be relevant in considering the appeal:

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

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

Signed at _____ this _____ day of _____ 20 _____

Signature of Appellant/Third party

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 (if the responsible party is a natural):	
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 (Please provide detailed reasons for the objection)

Signed at this day of20.....

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



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: PAIAComplaints@infoRegulator.org.za

COMPLAINT FORM

FORM 5 [Regulation 10]

NOTE:

1. This form is designed to assist the Requester or Third Party (hereinafter referred to as "the Complainant") in requesting a review of a Public or Private Body's response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the following email address: PAIAComplaints@infoRegulator.org.za or complete online complaint form available at <https://www.justice.gov.za/infoReg/>
2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part F of this complaint form.
3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed **PAIA Form 2** and submit it to the Body.
4. A copy of this Form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. **Please attach copies of the following documents, if you have them:**
 - a. Copy of the form to the Body requesting access to records;
 - b. The Body's response to your complaint or access request;
 - c. Any other correspondence between you and the Body regarding your request;
 - d. Copy of the appeal form, if your complaint relate to a public body;
 - e. The Body's response to your appeal;
 - f. Any other correspondence between you and the Body regarding your appeal;
 - g. Documentation authorizing you to act on behalf of another person (if applicable);
 - h. Court Order or Court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

CAPACITY OF PERSON/PARTY LODGING A COMPLAINT

(Mark with an "X")

Complainant Personally

Representative of Complainant

Third Party

PREREQUISITES

Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

FOR INFORMATION REGULATOR'S USE ONLY	
Received by: (Full names)	
Position	
Signature	
Complaint accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference Number	

Postal address	Facsimile	Other electronic communication (Please specify)

**PART A
PERSONAL INFORMATION OF COMPLAINANT**

Full Names			
Identity Number			
Postal Address			
Street Address			
E-Mail Address			
Contact numbers	Tel. (B)		Facsimile
	Cellular		

**PART B
REPRESENTATIVE INFORMATION**

(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)

Full Names of Representative			
Nature of representation			
Identity Number / Registration Number			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

**PART C
THIRD PARTY INFORMATION
(Please attach letter of authorisation)**

Type of Body	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>
Name of Public / Private Body				
Registration Number (if any)				
Name, Surname and Title of person authorised to lodge a complaint				
Postal Address				
Street Address				
E-mail Address				

Contact Numbers	Tel. (B): Cellular		Facsimile	
PART D BODY AGAINST WHICH THE COMPLAINT IS LODGED				
Type of body	Private	<input type="checkbox"/>	Public	<input type="checkbox"/>
Name of public / private body				
Registration number (if any)				
Name, surname and title of person you dealt with at the public or private body to try to resolve your complaint or request for access to information				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B): Cellular		Facsimile	
Reference Number given (if any)				
PART E COMPLAINT				
<i>Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public or private body for response and possible resolution)</i>				
Date on which request for access to records submitted.				
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body.				
Have you attempted to resolve the matter with the organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you receive it? (Please attach the letter to this application.)				
Did you appeal against a decision of the information officer of the public body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you lodge an appeal?				
Have you applied to Court for appropriate relief regarding this matter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.				
PART F DETAILED TYPE OF ACCESS TO RECORDS				
<i>(Please select one or more of the following to describe your complaint to the Information Regulator)</i>				
Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.			
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.			

Refusal of a request for access (Section 77A(2)(c)(i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>	<input type="checkbox"/>
The body requires me to pay a fee and I feel it is excessive (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>	<input type="checkbox"/>
	<i>The tender or payment of a deposit.</i>	<input type="checkbox"/>
Repayment of the deposit (Section 22(4) of PAIA)	<i>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</i>	<input type="checkbox"/>
Disagree with time extension (Sections 26 or 57 of PAIA)	<i>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</i>	<input type="checkbox"/>
Form of access denied (Section 29(3) or 60(a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>	<input type="checkbox"/>
Deemed refusal (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>	<input type="checkbox"/>
	<i>Extension period has expired and no response was received.</i>	<input type="checkbox"/>
Inappropriate disclosure of a record (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	<input type="checkbox"/>
No adequate reasons for the refusal of access (Section 56(3)(a) of PAIA)	<i>My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.</i>	<input type="checkbox"/>
Partial access to record (Section 28(2) or 59(2) of PAIA)	<i>Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	<input type="checkbox"/>
Fee waiver (Section 22(8) or 54(8) of PAIA)	<i>I am exempt from paying any fee and my request to waive the fees was refused.</i>	<input type="checkbox"/>
Records that cannot be found or do not exist (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.</i>	<input type="checkbox"/>
Failure to disclose records	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	<input type="checkbox"/>
No jurisdiction (exercise or protection of any rights) (Section 50(1)(a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	<input type="checkbox"/>
Frivolous or vexatious request (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	<input type="checkbox"/>
Other (Please explain)		
PART G EXPECTED OUTCOME		
How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.		
PART H AGREEMENTS		

The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:

I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.

The information in this Complaint Form is true to the best of my knowledge and belief.

I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.

I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.

Signed at _____ this _____ day of _____ 20 _____

Complainant/Representative/Authorised person of Third party