

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.
4. Mark the appropriate box with an "x".

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Complains 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	PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION
Name(s) and surname/ Registered name of responsible party:	

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 complaint)</i>
PART II	COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74 (2) 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	PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY
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:	
C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the grievance)</i>

Signed at this day of 20

**Signature of data subject/designated person*