

Respiratory Care Africa

Reg No: 1998/17606 | VAT No: 4940179676 | www.rca.co.za

**COMPLAINT REGARDING INTERFERENCE WITH THE
PROTECTION OF PERSONAL INFORMATION/COMPLAINT
REGARDING DETERMINATION OF AN ADJUDICATOR (FORM)**

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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:

Notes:	
<ol style="list-style-type: none"> Affidavits or other documentary evidence as applicable in support of the request may be attached. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page. Complete as is applicable - Mark the appropriate box with an "x". 	
Mark with 'x':	COMPLAINT REGARDING:
	Alleged interference with the protection of personal information
	Determination of an adjudicator
PART 1	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 data subject:	
Unique identifier / identity number:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number / e-mail address:	

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C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the objection)</i>
PART 2	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 / registered name of data subject:	
Unique identifier / identity number:	
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