

Respiratory Care Africa

Reg No: 1998/17606 | VAT No: 4940179676 | [www.rca.co.za](http://www.rca.co.za)

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## COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION (FORM)

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**FORM 5A**
**INTERNAL 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:**

<b>Notes:</b>	
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 - <b>Mark the appropriate box with an "x"</b> .	
<b>Mark with 'x':</b>	<b>COMPLAINT REGARDING:</b>
	Alleged interference with the protection of personal information
<b>PART 1</b>	<b>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)</b>
<b>A</b>	<b>PARTICULARS OF COMPLAINANT</b>
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>B</b>	<b>PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION</b>
Name(s) and surname / registered name of data subject:	
Unique identifier / identity number:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	

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Fax number / e-mail address:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> <i>(Please provide detailed reasons for the objection)</i>
Signed at _____ this _____ day of 20__	
	<i>Signature of data subject/designated person</i>