

## OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION - ANNEXURE B

## 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, 2018 [Regulation 2]

A data subject who wishes to object to the processing of personal information in terms of section 11(3)(a) of the Act, must submit the objection to the responsible party on this **Form 1**.

## Note:

1. Affidavits or other documentary evidence as applicable in support of the objection may be attached.

**DETAILS OF COMPLAINANT** 

- 2. If the space provided in this form is inadequate, submit information as an Annexure to this form and sign each page.
- 3. Complete as is applicable.

Registered name of data subject

**SECTION A** 

First Name/s:

| Surname:                              |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
|---------------------------------------|------------------------------|---|---|---|---|--|---|--|---|--|--|---|--|--|--|--|--|
| ID/Passport Number:                   |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Residential/Postal Address:           |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
|                                       |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Email Address:                        |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Telephone Number:                     | С                            | 0 | D | Е |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Cell Number:                          |                              |   |   |   |   |  |   |  |   |  |  | 1 |  |  |  |  |  |
| Fax Number:                           | С                            | 0 | D | Е |   |  |   |  |   |  |  |   |  |  |  |  |  |
|                                       |                              |   |   |   | • |  | • |  |   |  |  |   |  |  |  |  |  |
| SECTION B                             | DETAILS OF RESPONSIBLE PARTY |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
|                                       |                              |   |   |   |   |  |   |  | 1 |  |  |   |  |  |  |  |  |
| Registered name of responsible party: |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| First Name/s:                         |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Surname:                              |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Residential/Postal Address:           |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
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| Email Address:                        |                              |   |   |   |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Email Address: Telephone Number:      | С                            | 0 | D | E |   |  |   |  |   |  |  |   |  |  |  |  |  |
|                                       | С                            | 0 | D | Е |   |  |   |  |   |  |  |   |  |  |  |  |  |
| Telephone Number:                     | C                            | 0 | D | E |   |  |   |  |   |  |  |   |  |  |  |  |  |

| SECTION C                             | REASONS FOR COMPLAINT (Please provide detailed reasons for the grievance) |   |  |  |  |  |  |  |  |  |
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| Signed at:                            | Date: D D M M Y Y Y   | Y |  |  |  |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |  |  |  |
| Signature of Data Subject/Designature | gnated Person:  |   |  |  |  |  |  |  |  |  |

Please submit completed and signed form to informationofficer@medshield.co.za