

## 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)

## Note:

- 1. Affidavits or other documentary evidence as applicable in support of the objection 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.

| ntity Number    Y   Y   M   M   D   D   Date of birth   D   D   M   M   Y   Y   Y | M   | M        | D     | D     |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           | _         | _         |
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| pusiness address  Postal code  Telephone  Initial/s  First name                   | M   | М        | D     | D     |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           |           |
| ils of responsible party  Initial/s  First name                                   |     |          |       |       |         |         |                    |                    |                    |                    |                 | Da                 | ate of                               | birth   |  | D                             | D                             | -  | Μ   | Μ   | _   | Υ  | Υ         | Υ         |           |
| ils of responsible party  Initial/s  First name                                   |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           |           |
| ils of responsible party  Initial/s First name                                    |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           | L         |
| ils of responsible party  Initial/s First name                                    |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           | Ţ         |
| ils of responsible party  Initial/s First name                                    |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               | Pos  | tal c   | ode   |   |  |           |           |           |
| Initial/s First name  |     |          |       |       |         |         |                    |                    |                    |                    |                 | Tele               | ephor                                | ne  |  |                               |                               |  |   |   |   |  |           |           | Ţ         |
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| Initial/s First name  |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           |           |
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| ntity Number  |     |          |       | lr    | nitial  | /s      |                    |                    |                    | Fir                | st na           | me                 |                                      |   |  |                               |                               |  |   |   |   |  |           |           | Ţ         |
| ntity Number  |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           |           |
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| pusiness address  |     |          |       |       |         |         |                    |                    |                    |                    |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           | Ţ         |
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| pusiness address  |     |          |       |       |         |         |                    |                    |                    |                    |                 | Tele               | ephor                                | ne  |  |                               |                               | Pos  | tal c   | ode   |   |  |           |           |           |
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| Telephone   | ern | ns c     | ot se | ecti  | on      | 11(     | 1)(c               | 1) t               | o (†               | )                  |                 |                    |                                      |   |  |                               |                               |  |   |   |   |  |           |           |           |
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| ousiness address  |     |          | M M   | M M D | M M D D | M M D D | Initial/s  M M D D | Initial/s First | Initial/s First na | rty  Initial/s  First name  Da  Tele | rty  Initial/s  First name  Date of  Telephor | rty  Initial/s  First name  Date of birth  Telephone | rty    Initial/s   First name | rty    Initial/s   First name | rty  Initial/s  First name  Date of birth  Telephone  Telephone  Telephone | rty  Initial/s  First name  Date of birth  Pos  Telephone | rty  Initial/s  First name  Date of birth  Postal of Telephone  Telephone | Telephone  Initial/s  First name  Date of birth  Postal code  Telephone | rty  Initial/s  First name  Date of birth  Postal code  Telephone  Telephone | Telephone | Telephone | Telephone |

| Signed at                                       |  |  |  |  |  |  |  |  |     |     |   |   |   |   |   |   |   |   |   |   |
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| Signature of data subject/<br>designated person |  |  |  |  |  |  |  |  | Dat | e [ | D | D | _ | М | М | - | 2 | 0 | Υ | Υ |