



info@iips.co.za
+27 21 905 0365
+27 84 569 2001
10 The Lakes, Somerset Lakes,
Reunion Drive, Somerset West 7130
Reg No: 2018/301179/07 VAT No: 4540283225

FORM 1

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Section 5(b) and 23 of the Protection of Personal Information Act, 4 of 2013

Note

1. The form must be fully completed.
2. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
3. If the space provided in this form is inadequate, submit information as an Annexure to this form and sign each page.

A. PARTICULARS OF THE RESPONSIBLE PARTY

REGISTERED NAME OF RESPONSIBLE PARTY	INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD
POSTAL ADDRESS	Postnet Suite 15 Private Bag X04 Kuilsriver Western Cape 7579



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PHYSICAL ADDRESS	10 The Lakes Somerset Lakes Somerset West 7130
TELEPHONE NUMBER	+27 21 905 0365
EMAIL ADDRESS	info@iips.co.za
CONTACT PERSON	The Information Officer

**B. PARTICULARS OF THE PERSON MAKING THE REQUEST FOR ACCESS
TO PERSONAL INFORMATION**

The particulars of the person who is making the request for access to information must be provided as below.

The postal address, fax number, and/or email address to which IIPS's response must be sent must be provided.



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Proof of the capacity in which the request is made (if applicable) must be attached, i.e. Data Subject or Requester other than Data Subject, duly authorized, requesting on behalf of the Data Subject.

FULL NAMES AND SURNAME	
PROOF OF IDENTITY	
POSTAL ADDRESS	
FAX NUMBER	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
CAPACITY IN WHICH REQUEST IS MADE	



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**WHEN MADE ON BEHALF OF
ANOTHER PERSON THE
BASIS OF AUTHORITY TO
MAKE THE REQUEST MUST
BE STATED**

**C. PARTICULARS OF THE PERSON MAKING THE REQUEST FOR ACCESS
TO PERSONAL INFORMATION**

This section must be completed ONLY if a request for information is made on behalf of another person.

FULL NAMES AND SURNAME

**IDENTITY NUMBER OR
COMPANY REGISTRATION
NUMBER**



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D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE ACCESS REQUEST

FULL NAMES AND SURNAME	
IDENTITY NUMBER OR COMPANY REGISTRATION NUMBER	

Provide full particulars of the personal information or record in respect of which the request for access is made, including any reference number (if that is known to you) to enable the personal information record to be located.

If the provided space is inadequate, please continue on a separate page and attach it to this form.

The Data Subject / Requester must sign all the additional pages

DESCRIPTION OF PERSONAL INFORMATION/RECORD OR RELEVANT PART OF THE PERSONAL INFORMATION/RECORD	



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REFERENCE NUMBER (IF AVAILABLE)	
ANY FURTHER PARTICULARS OF RECORD	

E. PARTICULARS OF PERSONAL INFORMATION TO WHICH ACCESS IS REQUESTED, IN TERMS OF SECTION 5(b) READ WITH SECTION 23

Please set out, in detail, what you need to know about the personal information that IIPS holds of you (e.g. description of your personal information, information relating to the identity of third parties who has had access to your information etc.) If the provided space is inadequate, please continue on a separate page and attach it to this form. The Data Subject/Requester must sign all the additional pages



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F. FEES

A request for confirmation that IIPS indeed holds personal information of a requester will be processed by IIPS at NO CHARGE.

No charge will also be levied in assistance to complete the Access Request Form.

The fees to process a request for access to personal information will be calculated taking into account reproduction costs, search and preparation time and cost, as well as postal costs where applicable. This is called an “access fee”.

When the request is received, the Information Officer shall by notice require the requester, *if a search for the record is necessary and the preparation of the record for disclosure, including arrangements to make it available in the requested form, requires more than the hours prescribed in the regulations for this purpose*, to pay as a deposit the portion of the access fee which would be payable if the request is granted.

The information shall be withheld until the requester has paid the fee/fees as indicated.

If a deposit has been paid in respect of a request for access, which is refused, then the deposit shall be repaid to the requester.



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G. TIME TO PROCESS REQUEST

The time period to process your request will be 30 days. If any longer time is needed, IIPS shall, prior to the expiry of the mentioned 30 days, notify you of any longer period of time required, which will not exceed 60 days.

H. RESPONSE TO ACCESS REQUEST

IIPS will carefully consider the request. In case of IIPS agreeing with your request, IIPS will provide you with the information requested. In case of IIPS not agreeing with your access request, IIPS shall provide you with a motivated response providing full reasons for its decision

I. NOTICE OF DECISION REGARDING OBJECTION

You will be notified in writing via your chosen communication method whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.



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How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at _____ this _____ day of _____ 20_____

Printed name of Data Subject / Requester

Signature of Data Subject / Requester



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Once completed this form should be submitted via post, hand delivery or email to:

INTERNATIONAL & INDUSTRIAL PROJECT SERVICES (PTY) LTD

For Attention: The Information Officer

Postal Address:

Postnet Suite 15
Private Bag X04
Kuilsriver
Western Cape
7579

Physical Address:

10 The Lakes
Somerset Lakes
Somerset West
7130

Telephone: +27 21 905 0365

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