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10 The Lakes, Somerset Lakes,
Reunion Drive, Somerset West 7130

Reg No: 2018/301179/07 VAT No: 4540283225

FORM 3

REQUEST FOR LIMITATION OF PROCESSING OF PERSONAL INFORMATION

Sections 14(6) of the Protection of Personal Information Act, 4 of 2013

Note:

1. This 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.





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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
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





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B. PARTICULARS OF THE PERSON MAKING THE REQUEST FOR OF LIMITATION PERSONAL INFORMATION

The particulars of the person who is making the request for limitation must be provided below.

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

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	





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TELEPHONE NUMBER	
E-MAIL ADDRESS	
CAPACITY IN WHICH REQUEST IS MADE	
WHEN MADE ON BEHALF OF ANOTHER PERSON THE BASIS OF AUTHORITY TO MAKE THE REQUEST MUST BE STATED	



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Turnkey Projects, Shutdowns & Industrial Cleaning

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- Artisans • Drivers • General Workers • Permanent Placements • Payroll Administration
- CCMA Representation • Disciplinary Hearing • Security Services • Cleaning Services



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C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

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	

D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE REQUEST FOR LIMITATION OF PROCESSING OF PERSONAL INFORMATION

Provide full particulars of the personal information or record in respect of which the request for limitation of processing of the personal information and/or record 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***





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DESCRIPTION OF PERSONAL INFORMATION/RECORD OR RELEVANT PART OF THE PERSONAL INFORMATION/RECORD	
REFERENCE NUMBER (IF AVAILABLE)	
ANY FURTHER PARTICULARS OF RECORD	



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E. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE REQUEST FOR LIMITATION OF PROCESSING OF PERSONAL INFORMATION

Provide detailed reasons for the request for limitation of processing of the personal information and/or record.

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

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F. FEES

As per regulation 2: NO charge will be levied by IIPS in respect of:

- Assistance provided to complete this form
- The processing of this request

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 day





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H. RESPONSE TO REQUEST

IIPS will carefully consider the grounds on which you base your request (as per Section 14(6)).

In case of IIPS agreeing with the grounds of your request, IIPS will provide you with an affirmative response including a confirmation that the processing of the specific of the specific information has been limited.

In case of IIPS not agreeing with the grounds of your request, IIPS shall provide you with a motivated response providing full reasons for its decision to continue the processing of the specific personal information.

I. NOTICE OF DECISION REGARDING REQUEST

You will be notified in writing via your chosen communication method whether your request has been approved / denied within 30 days or such longer period required, which period shall not exceed an additional 60 days.

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

Email: info@iips.co.za



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