

ANNEXURE C**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, 2017**

[Regulation 2(1)]

Note:

1. *Affidavits or other documentary evidence in support of the objection must 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.*

Reference Number _____

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	

Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	
	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

REASONS FOR OBJECTION <i>(Please provide detailed reasons for the objection)</i>

Signed at _____ this _____ day of _____ 20 ____.

Signature of Data Subject (Applicant)