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.

For office use - Reference Number:	

A. DETAILS OF DATA SUBJECT	
Surname:	
Full names:	
Residential, postal or business address:	
	Code ( )
Contact number(s):	
Fax number:	
E-mail address:	
B. DETAILS OF RESPONSIBLE PARTY	
Name:	CareWorks (Pty) Ltd
Business address:	10 Mill Street, Newlands
	Cape Town, 7700
Contact number(s):	+27 21 673 5300
Fax number:	+27 21 413 1064
e-mail address:	paia@careworks.co.za
C. REASONS FOR OBJECTION *(Please provide detailed reasons for the objection)*	

Signed at _____ this _____ day of _____ 20

_____

Signature of data subject (applicant)