

**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.*

| A                                                          | DETAILS OF DATA SUBJECT                                                                                              |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Name(s) and surname/ registered name of data subject:      |                                                                                                                      |
| Unique Identifier/ Identity Number                         |                                                                                                                      |
| Residential, postal or business address:                   |                                                                                                                      |
|                                                            |                                                                                                                      |
|                                                            |                                                                                                                      |
|                                                            | Code (      )                                                                                                        |
| Contact number(s):                                         |                                                                                                                      |
| Fax number / E-mail address:                               |                                                                                                                      |
| B                                                          | DETAILS OF RESPONSIBLE PARTY                                                                                         |
| Name(s) and surname/ Registered name of responsible party: |                                                                                                                      |
| Residential, postal or business address:                   |                                                                                                                      |
|                                                            |                                                                                                                      |
|                                                            |                                                                                                                      |
|                                                            | Code (      )                                                                                                        |
| Contact number(s):                                         |                                                                                                                      |
| Fax number/ E-mail address:                                |                                                                                                                      |
| C                                                          | REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) <i>(Please provide detailed reasons for the objection)</i> |
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Signed at ..... this ..... day of .....20.....

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*Signature of data subject/designated person*