

Objection to the Processing of Personal Information in Terms of Section 11(3) of The Protection of Personal Information Act (4 of 2013)

Regulations relating to the Protection of Personal Information, 2018

[Regulation 2]

NOTE:

- Affidavits or other documentary evidence as applicable in support of the request may be attached. The identity of person making this request will be verified.
- If the space provided for in this form is inadequate, submit information as an annexure to this form and sign each page.
- If this request is made on behalf of a Data Subject describe your capacity, contact details and proof that you are authorised by the Data Subject at the end of this form.
- **Complete and return with proof of your identity to informationofficer@retinasa.org.za.**

A. Details of the Data Subject (to whom the personal information belongs)				
Relationship to Retina South Africa	Patient/Parent (Member) <input type="checkbox"/>	Family of Patient <input type="checkbox"/>	Subscriber (Friend) <input type="checkbox"/>	eNews Subscriber <input type="checkbox"/>
	Committee Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Former Employee <input type="checkbox"/>	Cyclist <input type="checkbox"/>
	Sponsor/ Donor <input type="checkbox"/>	Vendor <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other <input type="checkbox"/>
	If OTHER, provide details:			
Name(s) and surname / registered name (entity)				
ID / Passport Number				
Residential, postal or business address, include postal code				
Contact number(s)				
eMail address				

B. Details of the Responsible Party	
Registered name	Retina South Africa
Business address	2 nd Floor Sami.G Office Square, 80 Greenvale Road, Wilbart, Germiston, 1401
Contact number(s)	0860595959 or 0114501181

Information Officer:	
Name	Denise Jacobs
Contact Number	0823243814
eMail address	informationofficer@retinasa.org.za
C. Reasons for objection in terms of Section 11(1)(d) to (f) <i>Please provide detailed reasons for the objection</i>	

E. Authorised Person making request on behalf of the Data Subject (if applicable)	
Name(s) and surname	
ID / Passport Number	
Residential, postal or business address, include postal code	
Contact number(s)	
eMail address	
Capacity	
Attach proof of authorisation from Data Subject	

Signed at: _____

Date: _____

--

Signature of data subject/authorised person