

FORM 3

REQUEST: LIMITATION OF PROCESSING OF PERSONAL INFORMATION

Sections 14(c) 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.*

A. PARTICULARS OF _____ (THE RESPONSIBLE PARTY)**THE RESPONSIBLE PARTY**

Registered name of Responsible Party	
Postal address	
Physical address	
Telephone number	
E-mail address	
Contact person	

B. PARTICULARS OF PERSON REQUESTING LIMITATION OF PROCESSING OF PERSONAL INFORMATION

The particulars of the person who is requesting limitation must be provided below.

The postal address, fax number, and/or email address to which _____'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 authorised, requesting on behalf of the Data Subject.

Full name and surname	
Proof of identity	
Postal address	
Fax number	
Telephone number	
E-mail address	
Capacity in which request is made	
When made on behalf of another person, the basis of the authority to make the request must be stated	

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 name and surname	
Identity 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 personal information is made, including any reference number (if that is known to you) to enable the personal information or 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.

Description of Personal Information / Record or Relevant part of the Personal Information Record	
Reference number (if available)	
Any further particulars of record	

E. REASONS FOR AND/OR PARTICULARS OF REQUEST FOR LIMITATION OF PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 14 (6)

Provide detailed reasons for the request for limitation 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.

The Data Subject/Requester must sign all the additional pages

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F. FEES

As per Regulation 2: NO charge will be levied by PTSS in respect of:

- Assistance provided to complete this form, and
- The processing of this request.

G. TIME TO PROCESS REQUEST

The time period allowed to process your request will be 30 days.

If any longer time is needed, PTSS shall prior to the expiry of the mentioned 30 days notify you of the longer period of time required, which will not exceed 60 days.

H. RESPONSE TO REQUEST

PTSS will carefully consider the grounds on which you base your request. In case of PTSS agreeing with the grounds of your request, PTSS will provide you with an affirmative response including a confirmation that the processing of specific information has been limited.

In case of PTSS not agreeing with the grounds of your request, PTSS 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 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.

How would you prefer to be informed of the decision regarding your request for access t to the record?	
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Signed at _____ this _____ day of _____ 20____

Printed name of Data Subject/Requester

Signature of Data Subject/Requester

Once completed, this form should be submitted via email:

For Attention: The Information Officer

E-mail: info@pts-solutions.co.za