

FORM 1

## REQUEST FOR ACCESS TO PERSONAL INFORMATION

Section 5(b) and 23 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 request 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 MAKING REQUEST FOR ACCESS TO PERSONAL INFORMATION**

*The particulars of the person who is making the request for access 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.*

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

**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.*

<b>Full name and surname</b>	
<b>Identity or company registration number</b>	

**D. PARTICULARS OF PERSONAL INFORMATION PERTINENT TO THE ACCESS REQUEST**

*Provide full particulars of the personal information or record in respect of which the request for access 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.**

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

**E. PARTICULARS OF PERSONAL INFORMATION TO WHICH ACCESS IS REQUESTED, IN TERMS OF SECTION 5(b) READ WITH SECTION 23**

*Please set out in detail what you need to know about the personal information PTSSholds of you (e.g., description of your personal information relating to the identity of third parties who has had access to your personal information, etc).*

*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**

A request for confirmation that PTSS indeed holds personal information of a requester will be processed by PTSS at NO CHARGE.

No CHARGE will also be levied in assistance to complete the Access Request Form.

The fees to process a request for access to personal information will be calculated taking into account reproduction costs, search and preparation time and cost, as well as postal costs where applicable. This is called an "access fee".

When a request is received, the Information Officer shall by notice require the requester, if a search for the record is necessary and the preparation of the record for disclosure, including arrangement to make it available in the requested form, requires more than the hours prescribed in the regulations for this purpose, to pay as a deposit the portion of the access fee which would be payable if the request is granted.

The information shall be withheld until the requester has paid the fees as indicated.

If a deposit has been paid in respect of a request for access, which is refused, the deposit shall be repaid to the requester.

**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 ACCESS REQUEST

PTSS will carefully consider the request. In case of PTSS agreeing with your request, PTSS will provide you with the information requested.

In case of PTSS not agreeing with your access request, PTSS shall provide you with a motivated response providing full reasons for its decision.

#### I. NOTICE OF DECISION REGARDING REQUEST

*You will be notified in writing via your chosen communication method whether your request has been approved/ denied.*

*If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

<b>How would you prefer to be informed of the decision regarding your request for access to the record?</b>	
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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