

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY  
FORM C**

(Section 53(1) of the Promotion of Access to Information Act, 2000  
(Act No. 2 of 2000)  
[Regulation 10]

**A. Particulars of private body**

The Information Officer: Humana People to People in SA Group in respect of \_\_\_\_\_  
(specify company or operating division, if applicable)

**B. Particulars of person requesting access to the record**

- (a) The particulars of the person who requests access to the record must be given below.  
(b) The address and/or fax number in the Republic to which the information is to be sent must be given.  
(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:	
Identity number:	
Postal address:	
Fax number:	
Telephone number: E-mail address:	
Capacity in which request is made, when made on behalf of another person:	

**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 names and surname:	
Identity number:	
Postal address:	
Fax number:	
Telephone number: E-mail address:	
Capacity in which request is made, when made on behalf of another person:	

**D. Particulars of record**

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.  
(b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

**1. Description of record or relevant part of the record:**


---



---



---



---

2. Reference number, if available:

3. Any further particulars of record:

**E. Fees**

- (a) A Request for access to a Record, other than a Record containing personal information about you, will be processed only after a Request fee has been paid.
- (b) You will be notified of the amount payable as the Request fee.
- (c) The fee payable for access to a Record depends on the form in which access is required and the reasonable time required to search for and prepare a Record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption of payment of the fee (if any):

**F. Form of access to Record**

If you are prevented by a disability to read, view or listen to the Record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the Record is required.

Disability

Form in which Record is required:

Mark the appropriate box with an X.

NOTES:

- (a) Compliance with your Request in the specified form may depend on the form in which the Record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the Record, if any, will be determined partly by the form in which access is requested.

**1. If the Record is in written or printed form:**

Copy of Record\*

Inspection of Record

**2. If Record consists of visual images**

(This includes photographs, slides, video Recordings, computer-generated images, sketches, etc.):

View the images

Copy of the images\*

Transcript of the images\*

**3. If Record consists of Recorded words or information which can be reproduced in sound:**

Listen to the soundtrack  
(Audio cassette)

Transcription of soundtrack\*  
(Written or printed document)

**4. If Record is held on computer or in an electronic or machine -readable form:**

Printed copy of Record\*

Printed copy of  
Information  
derived from the  
Record\*

Copy in computer readable form\*  
(Stiffy or compact disc)

10

\*If you requested a copy or transcription of a Record (above), do you wish the copy or transcription to be posted to you?

YES

NO

**Postage is payable.**

**G. Particulars of right to be exercised or protected**

If the provided space is inadequate, please continue on a separate folio and attach it to this form. **The Requestor must sign all the additional folios.**

1. Indicate which right is to be exercised or protected:

---

---

---

2. Explain why the requested Record is required for the exercising or protection of the aforementioned right:

---

---

---

**H. Notice of decision regarding Request for access**

You will be notified in writing 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.

How would you prefer to be informed of the decision regarding your Request for access to the Record?

---

---

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR / PERSON ON WHOSE BEHALF REQUEST IS MADE

## **ANNEXURE 2:**

### **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.

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number:	
Residential, postal or business address:	
Contact number(s):	
Fax number / E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
---	---
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) (Please provide detailed reasons for the objection)</b>
---	---

Signed at ..... this ..... day of  
.....20.....

..... Signature of data subject/designated  
person

## **ANNEXURE 3: FORM 2**

### **FORM 2**

#### **REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

#### **REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018** [Regulation 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the request 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.

Mark the appropriate box with an "x". Request for:

- Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.
- Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number:	
Residential, postal or	

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
business address:	
Contact number(s):	
Fax number / E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
---	---
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>INFORMATION TO BE CORRECTED/DELETED/DESTRUCTED/DESTROYED</b>
---	---
<b>D</b>	REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
	DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN. (Please provide detailed reasons for the request)
---	---

Signed at ..... this ..... day of  
.....20.....

..... Signature of data subject/designated  
person



#### ANNEXURE 4

##### FEES PAYABLE

#### 1. Copy of manual

The fee for a copy of the manual is R1,10 for every photocopy of an A4-size page or part thereof.

#### 2. Reproduction fees

The fees for preparation of Records referred to in regulation 11(1) are as follows:

	Rand
(a) For every photocopy of an A4-size page or part thereof	1,10
(b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,75
(c) For a copy in a computer-readable form on:	
(i) Electronic media, i.e. diskette	7,50
(ii) Compact disc	70,00
(d) (i) For a transcription of visual images, for an A4-size page or part thereof	40,00
(ii) For a copy of visual images	60,00
(e) (i) For a transcription of an audio Record, for an A4-size page or part thereof	20,00

#### 3. Request fee

The Request fee payable by a Requestor, other than a personal Requestor, referred to in Regulation 11(2) is R50,00.

#### 4. Access fees

The access fees payable by a Requestor referred to in regulation 11(3) are as follows:

	Rand
(a) For every photocopy of an A4-size page or part thereof	1,10
(b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,75
(c) For a copy in a computer-readable form on -	
(i) Electronic media, i.e. diskette	7,50
(ii) Compact disc	70,00
(d) (i) For a transcription of visual images, for an A4-size page or part thereof	40,00
(ii) For a copy of visual images	60,00
(e) (i) For a transcription of an audio Record, for an A4-size page or part thereof	20,00
(f) To search for and prepare the Record for disclosure for each hour or part of an hour reasonably required for such search and preparation	30,00

For purposes of section 22(2) of the Act, the following applies:

- (a) Six hours as the hours to be exceeded before a deposit is payable; and
- (b) One third of the access fee is payable as a deposit by the Requestor.

The actual postage is payable when a copy of a Record must be posted to a Requestor.

## ANNEXURE 5

### FORM 3

#### APPLICATION FOR THE ISSUE OF A CODE OF CONDUCT

**Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**  
**Regulations relating to the Protection of Personal Information, 2018**  
[Regulation 5]

**Note:**

1. This form must be completed in full and submitted to the Information Regulator.
2. Supporting documentation must be attached as indicated.
3. The draft code of conduct must be attached as an annexure.

---

#### A. DETAILS OF APPLICANT

Field	Information
Name(s) and surname/registered name of applicant:	
Registration number (if applicable):	
Residential, postal or business address:	
Contact number(s):	
Fax number:	
E-mail address:	

---

#### B. DETAILS OF THE PROPOSED CODE OF CONDUCT

**Title of the proposed code of conduct:**

---

---

**Purpose and scope of the proposed code of conduct:**

---

---

---

---

**Categories of responsible parties to whom the proposed code of conduct will apply:**

---

---

---

**Categories of personal information to be covered by the proposed code of conduct:**

---

---

---

---

**C. DRAFT CODE OF CONDUCT**

☐ Draft code of conduct is attached as Annexure A

**Summary of key provisions in the draft code:**

---

---

---

---

**D. CONSULTATION PROCESS**

**Describe the consultation process undertaken in developing the proposed code of conduct:**

---

---

---

---

**List stakeholders consulted:**

---

---

---

---

**E. IMPLEMENTATION AND MONITORING**

**Describe how the proposed code of conduct will be implemented:**

---

---

---

**Describe how compliance with the code will be monitored:**

---

---

---

**Proposed enforcement mechanisms:**

---

---

---

---

**F. DECLARATION**

I declare that the information provided in this application is true and correct to the best of my knowledge.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

**SIGNATURE OF APPLICANT**

---

**PRINT NAME AND DESIGNATION**

## ANNEXURE 6

### FORM 4

#### APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR DIRECT MARKETING

**Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**  
**Regulations relating to the Protection of Personal Information, 2018**  
[Regulation 6]

**From:** Humana People to People South Africa (HPPSA)

**Address:** 5/11 Richmond Road, Pinetown, 3610

**Contact:** 031 701 9280 | [zimondik@hpp-sa.org](mailto:zimondik@hpp-sa.org)

**Website:** [www.hpp-sa.org](http://www.hpp-sa.org)

---

#### CONSENT REQUEST FOR DIRECT MARKETING COMMUNICATIONS

**To:** \_\_\_\_\_ [Data Subject Name]

**Date:** \_\_\_\_\_

Dear \_\_\_\_\_,

HPPSA would like your permission to send you information about our programs, services, and activities that may be of interest to you.

#### TYPES OF COMMUNICATIONS WE WOULD LIKE TO SEND:

- ☐ **Educational Programs** - Information about literacy, skills development, and educational opportunities
- ☐ **Community Development** - Updates on community projects and development initiatives
- ☐ **Health and Wellness** - Health programs, awareness campaigns, and wellness initiatives
- ☐ **Volunteer Opportunities** - Ways you can get involved and make a difference
- ☐ **Fundraising Campaigns** - Information about donation opportunities and fundraising events
- ☐ **Newsletters and Updates** - Regular updates about our work and impact
- ☐ **Event Invitations** - Invitations to workshops, conferences, and community events
- ☐ **Other:** \_\_\_\_\_

#### COMMUNICATION METHODS:

Please select your preferred method(s) of communication:

- ☐ **Email to:** \_\_\_\_\_
- ☐ **SMS/Text messages to:** \_\_\_\_\_
- ☐ **WhatsApp messages to:** \_\_\_\_\_
- ☐ **Telephone calls to:** \_\_\_\_\_
- ☐ **Postal mail to:** \_\_\_\_\_

---

☐ Fax to: \_\_\_\_\_

**FREQUENCY PREFERENCES:**

☐ Weekly ☐ Monthly ☐ Quarterly ☐ As needed ☐ Special events only

---

**CONSENT DECLARATION**

I, \_\_\_\_\_ (full name),

ID Number: \_\_\_\_\_

**HEREBY CONSENT** to HPPSA sending me direct marketing communications as indicated above.

**I UNDERSTAND THAT:**

- I can **withdraw this consent at any time** by contacting HPPSA using the details above
- Withdrawing consent **will not affect the lawfulness** of processing before withdrawal
- I can **opt-out of specific types** of communications while maintaining others
- HPPSA will **keep records** of this consent as required by law
- **This consent is free** and I am not obligated to provide it

**TO WITHDRAW CONSENT OR OPT-OUT:**

Email: [zimondik@hpp-sa.org](mailto:zimondik@hpp-sa.org)

Phone: 031 701 9280

SMS/WhatsApp: 076 409 8855

Post: 5/11 Richmond Road, Pinetown, 3610

Website: [www.hpp-sa.org](http://www.hpp-sa.org)

---

Data Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**FOR OFFICE USE ONLY:**

**Method of consent collection:** ☐ In person ☐ Email ☐ Phone ☐ SMS ☐ WhatsApp ☐ Post ☐ Other

**Staff member:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_

**Reference number:** \_\_\_\_\_

## ANNEXURE 7

### FORM 5

#### COMPLAINT FORM

**Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**  
**Regulations relating to the Protection of Personal Information, 2018**  
[Regulation 7]

#### SUBMISSION METHODS:

- **Online:** [www.inforegulator.org.za](http://www.inforegulator.org.za)
  - **Email:** [complaints.IR@inforegulator.org.za](mailto:complaints.IR@inforegulator.org.za)
  - **Post:** P.O. Box 31533, Braamfontein, 2017
  - **Hand delivery:** JD House, 27 Stiemens Street, Braamfontein
- 

#### A. COMPLAINANT DETAILS

Field	Information
Name(s) and surname/registered name:	
Identity number/Registration number:	
Residential address:	
Postal address (if different):	
Contact number(s):	
Email address:	
Preferred language for communication:	

#### B. REPRESENTATIVE DETAILS *(Complete only if complaint is made by a representative)*

Field	Information
Name(s) and surname/registered name of representative:	
Relationship to complainant:	
Contact details of representative:	

☐ **Authority to act is attached** (e.g., power of attorney, letter of authorization)

#### C. RESPONSIBLE PARTY DETAILS

Field	Information
Name of responsible party:	
Registration number (if known):	
Contact details of responsible party:	

#### D. NATURE OF COMPLAINT

Select all applicable categories:

- ☐ **Unlawful processing** of personal information
- ☐ **Failure to comply** with data subject rights (access, correction, deletion)
- ☐ **Inadequate security measures** for personal information
- ☐ **Unauthorized disclosure** of personal information
- ☐ **Failure to notify** of security compromises/data breaches
- ☐ **Non-compliance** with conditions for lawful processing
- ☐ **Violation of direct marketing** provisions
- ☐ **Processing of special personal information** without proper authorization
- ☐ **Cross-border transfer** violations
- ☐ **Other:** \_\_\_\_\_

#### E. DETAILS OF COMPLAINT

Provide a detailed description of your complaint:

---

---

---

---

---

When did the incident occur? \_\_\_\_\_

How did you become aware of the issue? \_\_\_\_\_

---

---

---

#### F. STEPS TAKEN TO RESOLVE THE MATTER

Have you attempted to resolve this matter directly with the responsible party?

☐ Yes ☐ No

If yes, describe the steps taken:

---

---

---

What was the outcome of these efforts?

---

---



---

## G. DESIRED OUTCOME

What outcome are you seeking from this complaint?

---

---

---

---

## H. SUPPORTING DOCUMENTS

List any documents attached to support your complaint:

- ☐ Correspondence with the responsible party
- ☐ Copies of personal information involved
- ☐ Screenshots or printouts
- ☐ Witness statements
- ☐ Other: \_\_\_\_\_

## I. DECLARATION

I declare that the information provided in this complaint is **true and correct** to the best of my knowledge and belief.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

**SIGNATURE OF COMPLAINANT/REPRESENTATIVE**

---

## FOR OFFICIAL USE ONLY

Complaint Reference Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Initial Assessment: \_\_\_\_\_

## ANNEXURE 8

### FORM SCN1

#### SECURITY COMPROMISES NOTIFICATION

Protection of Personal Information Act, 2013 (Act No. 4 of 2013)  
Section 22 - Notification of Security Compromises

#### SUBMIT TO:

- Information Regulator: [complaints.IR@inforegulator.org.za](mailto:complaints.IR@inforegulator.org.za)
- Within reasonable time after discovery

---

#### A. RESPONSIBLE PARTY DETAILS

Field	Information
Name of responsible party:	Humana People to People South Africa
Registration number:	NPC (RF)1995/004741/08
Information Officer:	Mr Kilford Zimondi
Contact number:	031 701 9280
Email address:	<a href="mailto:zimondik@hpp-sa.org">zimondik@hpp-sa.org</a>
Physical address:	5/11 Richmond Road, Pinetown, 3610

---

#### B. INCIDENT DETAILS

Field	Information
Date incident discovered:	___ / ___ / 20__
Time discovered:	___ : ___
Date incident occurred (if different):	___ / ___ / 20__
Time occurred:	___ : ___
Location of incident:	
Person who discovered incident:	
Contact details of discoverer:	

---

#### C. NATURE OF SECURITY COMPROMISE

Select all that apply:

- ☐ Unauthorized access to personal information
- ☐ Unauthorized disclosure of personal information
- ☐ Loss of personal information

- ☐ **Theft** of personal information or storage devices
  - ☐ **Accidental destruction** of personal information
  - ☐ **Intentional destruction** of personal information
  - ☐ **Corruption** of personal information
  - ☐ **Cyber attack** (hacking, malware, ransomware)
  - ☐ **System failure** resulting in data exposure
  - ☐ **Human error** leading to data compromise
  - ☐ **Other:** \_\_\_\_\_
- 

#### **D. AFFECTED PERSONAL INFORMATION**

**Categories of personal information affected (select all that apply):**

- ☐ **Identity numbers** (ID numbers, passport numbers)
  - ☐ **Contact details** (addresses, phone numbers, email addresses)
  - ☐ **Financial information** (bank details, payment information)
  - ☐ **Health information** (medical records, health status)
  - ☐ **Biometric information** (fingerprints, facial recognition data)
  - ☐ **Employment information** (salary, performance records)
  - ☐ **Educational information** (academic records, qualifications)
  - ☐ **Criminal records** or background check information
  - ☐ **Religious or philosophical beliefs**
  - ☐ **Political opinions**
  - ☐ **Trade union membership**
  - ☐ **Sexual orientation or gender identity**
  - ☐ **Other:** \_\_\_\_\_
- 

#### **E. SCALE OF COMPROMISE**

**Estimated number of data subjects affected:**

- ☐ 1-10 data subjects
- ☐ 11-100 data subjects
- ☐ 101-1,000 data subjects
- ☐ 1,001-10,000 data subjects
- ☐ More than 10,000 data subjects
- ☐ Unknown at this time

**If known, provide exact number:** \_\_\_\_\_

---

#### **F. DESCRIPTION OF INCIDENT**

**Provide a detailed description of what happened:**

---

---

---

---

---

**How was the compromise discovered?**

---

---

**What systems or processes were involved?**

---

---

---

#### **G. POSSIBLE CONSEQUENCES**

**Describe the possible consequences for the affected data subjects:**

---

---

---

**Risk level assessment:** ☐ **Low risk** - Minimal impact on data subjects

☐ **Medium risk** - Moderate potential for harm

☐ **High risk** - Significant potential for harm

☐ **Assessment ongoing**

---

#### **H. IMMEDIATE MEASURES TAKEN**

**Describe immediate measures taken to address the compromise:**

---

---

---

**Has the security vulnerability been closed?** ☐ **Yes** ☐ **No** ☐ **Partially** ☐ **Under investigation**

**Details:**

---

---

---

## I. MEASURES TO PREVENT RECURRENCE

Describe measures being implemented to prevent similar incidents:

---

---

---

Timeline for implementation:

---

---

## J. DATA SUBJECT NOTIFICATION

Have affected data subjects been notified?

- ☐ **Yes** - Date of notification: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_
- ☐ **No** - Reason for not notifying: \_\_\_\_\_
- ☐ **In progress** - Expected completion date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_
- ☐ **Not required** - Justification: \_\_\_\_\_

If notified, method of notification: ☐ Email ☐ SMS ☐ Letter ☐ Phone call ☐ Website notice ☐  
Newspaper ☐ Other: \_\_\_\_\_

---

## K. ADDITIONAL INFORMATION

Any other relevant information:

---

---

---

Has this incident been reported to other authorities? ☐ **Yes** - Which authorities:

---

☐ **No**

---

## L. DECLARATION

I declare that the information provided in this notification is **true and correct** to the best of my knowledge and belief.

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Signature: \_\_\_\_\_

---

**FOR REGULATOR USE ONLY**

Reference Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Initial Assessment: \_\_\_\_\_

## ANNEXURE 9

### FORM 20

#### REQUEST FOR INTERNAL REVIEW

**Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**  
**Regulations relating to the Protection of Personal Information, 2018**

**SUBMIT TO:** Humana People to People South Africa

**Attention:** Information Officer - Mr Kilford Zimondi

**Address:** 5/11 Richmond Road, Pinetown, 3610

**Email:** [zimondik@hpp-sa.org](mailto:zimondik@hpp-sa.org)

---

#### A. APPLICANT DETAILS

Field	Information
Name(s) and surname:	
Identity number:	
Residential address:	
Postal address (if different):	
Contact number:	
Email address:	

---

#### B. ORIGINAL DECISION DETAILS

Field	Information
Date of original decision:	___ / ___ / 20___
Reference number (if applicable):	
Decision maker/Department:	
Method of communication of decision:	<input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> In person

**Summary of original decision:**

---

---

---

---

#### C. GROUNDS FOR REVIEW

**Select all applicable grounds for requesting this review:**

- ☐ **Procedural unfairness** - Proper procedures were not followed
  - ☐ **Incorrect application of the law** - POPIA or other laws were misapplied
  - ☐ **Failure to consider relevant information** - Important facts were overlooked
  - ☐ **New evidence available** - Additional information has come to light
  - ☐ **Unreasonable decision** - The decision was not reasonable in the circumstances
  - ☐ **Bias or conflict of interest** - Decision maker had a conflict of interest
  - ☐ **Failure to give reasons** - Adequate reasons were not provided
  - ☐ **Other:** \_\_\_\_\_
- 

#### **D. DETAILED REASONS FOR REVIEW**

**Provide detailed reasons why you believe the decision should be reviewed:**

---

---

---

---

---

**What specific aspects of the decision do you disagree with?**

---

---

---

---

#### **E. NEW INFORMATION OR EVIDENCE**

**Is there any new information or evidence that was not available at the time of the original decision?**

☐ Yes ☐ No

**If yes, describe the new information:**

---

---

---

☐ **Supporting documents are attached**

---

#### **F. RELIEF SOUGHT**

**What specific outcome are you seeking from this internal review?**



---

---

---

What would constitute a satisfactory resolution?

**G. PREVIOUS ATTEMPTS TO RESOLVE**

Have you made any previous attempts to resolve this matter?

☐ Yes ☐ No

If yes, describe what steps were taken:

**H. SUPPORTING DOCUMENTS**

List any documents attached to support this review request:

- ☐ Copy of original decision
  - ☐ Correspondence related to the matter
  - ☐ Additional evidence or information
  - ☐ Witness statements
  - ☐ Other: \_\_\_\_\_
- 

**I. DECLARATION**

I hereby request that the above-mentioned decision be reviewed on the grounds stated above. I declare that all information provided is **true and correct** to the best of my knowledge and belief.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

**SIGNATURE OF APPLICANT**

---

**FOR OFFICE USE ONLY**

**Review Reference Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Assigned to:** \_\_\_\_\_

**Target Completion Date:** \_\_\_\_\_

**Review Decision:** ☐ Original decision upheld

☐ Original decision overturned

☐ Original decision modified

☐ Matter referred for further investigation

**Date of Review Decision:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Reviewed by:** \_\_\_\_\_