


|   |  |                     |              |           |
|---|--|---------------------|--------------|-----------|
|  | MANUAL PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO.2 OF 2000 (AS AMENDED) |                     |              |           |
|   | Author:  | Information Officer | Issue Date:  | July 2025 |
|   | Approver:  | Information Officer | Review Date: | July 2026 |
|   | Doc. No:   | APO014-06           | Issue No:    | 06        |

**ANNEXURE C (FORM 3): OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 9ACT NO. 4 OF 2013) – REGULATIONS RELATION TO THE PROTECTION OF PERSONAL INFORMATION, 2017 [Regulation 2(1)]**

Note:


- 1. Affidavits or other documentary evidence in support of the objection must be attached.
- 2. If the space provided for in this Form is inadequate, submit information as anAnnexure to this Form and sign each page.

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

|   |  |
|---|--|
| DETAILS OF DATA SUBJECT                 |  |
| Name and Surname of Data Subject        |  |
| Residential, postal or business address |  |
| Contact number(s)                       |  |
| Fax number:                             |  |
| E-mail address:                         |  |

|  |  |
|--|--|
| DETAILS OF RESPONSIBLE PARTY   |  |
| Name and Surname of Responsible Party (if the Responsible Party is a natural): |  |
| Residential, postal or business address  |  |

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|   |  |                     |              |           |
|---|--|---------------------|--------------|-----------|
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|   | Doc. No:   | APO014-06           | Issue No:    | 06        |

|  |             |
|--|-------------|
| Contact number(s)  |             |
| Fax number:  |             |
| E-mail address:  |             |
|  |             |
| Name of Public Body or Private Body (if Responsible Party not a natural person): |             |
| Business address:  |             |
|  | Code (    ) |
| Contact number(s):   |             |
| Fax number:  |             |
| e-mail address:  |             |

|   |
|---|
| REASONS FOR OBJECTION<br><i>(Please provide detailed reasons for the objection)</i> |
|   |

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

\_\_\_\_\_  
*Signature of Data Subject (Applicant)*