



Ascendis HEALTH

FORM 5

COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION/COMPLAINT REGARDING DETERMINATION OF AN ADJUDICATOR IN TERMS OF SECTION 74 OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [Regulation 7.]

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".

Complaint regarding:

Alleged interference with the protection of personal information

Determination of an adjudicator.

PART I ALLEGED INTERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION IN TERMS OF SECTION 74 (1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (Act No. 4 of 2013)

A PARTICULARS OF COMPLAINANT

Name(s) and surname / registered name of data subject:

Unique Identifier / Identity Number:

Residential, postal or business address:

Code ()

Contact number(s):

Fax number/ E-mail address:

B PARTICULARS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION

Name(s) and surname/ Registered name of responsible party:

Residential, postal or business address:

Code ()

Contact number(s):

Fax number/ E-mail address:

