



## FORM 1

### REQUEST FOR ACCESS TO PERSONAL INFORMATION

#### Sections 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 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

|                                      |                                                                                                 |
|--------------------------------------|-------------------------------------------------------------------------------------------------|
| REGISTERED NAME OF RESPONSIBLE PARTY | HUGE CONNECT PTY LTD                                                                            |
| POSTAL ADDRESS:                      | Building 2, 2nd floor, Waterfall Corporate Campus,<br>74 Waterfall Dr, Waterfall, Midrand, 2066 |
| PHYSICAL ADDRESS:                    | Building 2, 2nd floor, Waterfall Corporate Campus,<br>74 Waterfall Dr, Waterfall, Midrand, 2066 |
| TELEPHONE NUMBER:                    | 087 820 0220                                                                                    |
| E-MAIL ADDRESS:                      | legal@hugeconnect.co.za                                                                         |
| CONTACT PERSON                       | The Information Officer                                                                         |

**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 Huge Connect'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 authorized, requesting on behalf of the Data Subject

|                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------|--|
| <b>FULL NAMES 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 NAMES 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<br/>INFORMATION/RECORD<br/><br/>OR RELEVANT PART OF THE PERSONAL<br/>INFORMATION/RECORD:</b> |  |
|                                                                                                                         |  |
|                                                                                                                         |  |
|                                                                                                                         |  |
|                                                                                                                         |  |
| <b>REFERENCE NUMBER,<br/><br/>(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 that Huge Connect holds of you (e.g. a description of your personal information, information relating to the identity of third parties who has had access tpo 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***

[illegible]

[illegible]

## F. FEES

A request for confirmation that Huge Connect indeed holds personal information of a requester will be processed by Huge Connect 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 a record until the requester has paid the fee/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, Huge Connect shall prior to the expiry of the mentioned 30 days notify you of any longer period of time required, which will not exceed 60 days.

## H. RESPONSE TO ACCESS REQUEST

Huge Connect will carefully consider the request.

In case of Huge Connect agreeing with your request, Huge Connect will provide you with the information requested.

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

## I. NOTICE OF DECISION REGARDING OBJECTION

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> |  |
|                                                                                                             |  |
|                                                                                                             |  |

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 post, hand delivery or email to**

Huge Connect Pty Ltd

For Attention: The Information Officer

Postal Address: Building 2, 2nd floor, Waterfall Corporate Campus, 74 Waterfall Dr, Waterfall, Midrand, 2066

Physical Address: Building 2, 2nd floor, Waterfall Corporate Campus, 74 Waterfall Dr, Waterfall, Midrand, 2066

Telephone: 087 820 0220

e-mail: legal@hugeconnect.co.za

Head Office: info@hugeconnect.co.za