MY OPTOMETRIST INC

OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 (Regulation 2)

A	**DETAILS OF DATA SUBJECT**
Name(s) and Surname:	
Identity number:	
Residential, postal address:	
Contact number(s):	
E-mail address:	
B	**DETAILS OF RESPONSIBLE PARTY**
Name(s) and Surname:	Marléne Pretorius for My Optometrist Inc
Business, postal address:	PoBox 6689 Westgate, 1734
Contact number(s):	011 568 0250 / 076 052 1258
E-mail address:	marlene@myoptometrist.co.za
C	**REASON FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f)**

Signed at …… this …… Day of …… 20…….

…….

Signature of designated person