

INFORMATION OFFICER'S REGISTRATION FORM

NOTE: The personal information submitted herein shall be solely used for your registration with the Information Regulator ("Regulator").

All the information submitted herein shall be used for the purpose stated above, as mandated by law. This information may be disclosed to the public. The Regulator undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document.

PART A INFORMATION OFFICER						
Full Name of Information Officer	(SUUTH AFRICA)					
Designation	Ensuring protection of your personal information					
Postal Address	and effective access to information					
Physical Address						
Cellphone Number						
Landline Number						
Fax Number						
Direct Email Address						
General Email Address						

PART B DEPUTY INFORMATION OFFICER											
Personal details of	Name	Name	Name								
designated or		Name	Name								
delegated Deputy Information Officer(s)											
	Direct Landline	Direct Landline	Direct Landline								
	Cellphone Number	Cellphone Number	Cellphone Number								
	Email Address	Email Address	Email Address								
	Email Address	Email Address									
Postal Address	Email Address	Email Address									
Postal Address	Email Address	Email Address									
	Email Address	Email Address									
Postal Address Physical Address	Email Address	Email Address									
	Email Address	Email Address	Email Address								
Physical Address	Email Address	REGUL (SOUTH	ATOR ATOR AFRICA)								
	Email Address	REGUL (SOUTH	ATOR AFRICA)								

PART C BODY / RESPONSIBLE PARTY								
Type of Body	Public Body		Private Body					
Full Name of the Body (Registered Name) Trading Name Registration No, if any			· · · · · · · · · · · · · · · · · · ·					

Postal Address	
Physical Address	
Landline Number	
Fax Number	
Email Address	
Website	

PART D DECLARATION

I declare that the information contained herein is tru	ue, correct and accurate.
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Ensuring protection of your personal information and effective access to information

SIGNED and DATED at	on this the	day of	202
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INFORMATION OFFICER

PART E

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES

Please choose a sector(s) that apply to your Body

	GOVERNMENT			PUBLIC ENTITIES		PRIVATE BODY			PROFESSION		
ltem	Classification of Government	x	ltem	Classification of a Public Entity	x	ltem	Name of Industry Sector	x	Item	Type of profession	x
1.	National Government		1.	Constitutional Entities		1	Education	UI	1	Legal	
2.	Provincial Government		2.	Schedule 2 Public Entity	/	2	Financial	RI	2	Built Environment	
3.	Local Government		3.	Schedule 3A Public Entity		3	Health Facilities	onala	3	Financial	
	LEGISLATURE		4.	Schedule 3B Public Entity		4	Telecommunications	111	4	Medical and Allied Health Services	
Nation	al Assembly		5.	Schedule 3C Public Entity		5	Pharmaceutical		OTHE	RS, Specify	
Nation	al Council of Provinces		OTHE	RS, specify		6	Media and Social Media		5.		
Gaute	ng Provincial Legislature					7	Retail/Direct Marketing				
Weste Legisla						8	Tourism				

GOVERNMENT	PUBLIC ENTITIES		PRIVATE BODY	PROFESSION
Northern Cape Provincial		9	Transportation, Storage and	
Legislature			Logistics	
Limpopo Provincial Legislature	_	10	Manufacturing/Production	
Northwest Provincial	-	11	Banks	
Legislature				
Free State Provincial		12	International Organizations	
Legislature			INFORMALI	
Mpumalanga Provincial		13	Real Estate	
Legislature				
Eastern Cape Provincial Legislature	(-a)	OTHE	RS, specify	
KwaZulu-Natal Provincial			(SUUTEATIN	
Legislature				
			Ensuring protection of your personal is and effective access to information	