

## 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	7	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 delegated Deputy Information Officer(s) **Direct Landline Direct Landline Direct Landline** Cellphone Number **Cellphone Number** Cellphone Number **Email Address Email Address Email Address** Postal Address Physical Address Ensuring protection of your personal information Fax Number General Email

PART C							
PARTC							
	BODY / RESPO	NSIBI	BLE PARTY				
Towns of Dodge	Dublic Desky	I	Drivete Dedu				
Type of Body	Public Body		Private Body				
Full Name of the Body							
(Registered Name)				_			
Trading Name							
Registration No, if any							

Postal Address									
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Physical Address									
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Landline Number									
Fax Number									
Email Address									
Email Address									
Website									
	PART D								
	DECLARATION								
	DECLARATION								
I declare that the information of	ontained herein is true, corre	ect and accurate.							
	Ensuring prot	ection of your personal infe	ormation						
	and effective o	ceess 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			PROFESSION		
Item	Classification of Government	x	Item	Classification of a Public Entity	х	Item	Name of Industry Sector	x	Item	Type of profession	x
1.	National Government		1.	Constitutional Entities		1	Education	U I	1	Legal	
2.	Provincial Government		2.	Schedule 2 Public Entity		2	Financial	R	2	Built Environment	
3.	Local Government		3.	Schedule 3A Public Entity		3	Health Facilities	onal n	3	Financial	
	LEGISLATURE		4.	Schedule 3B Public Entity		4	Telecommunications to information	216	4	Medical and Allied Health Services	
Nation	nal Assembly		5.	Schedule 3C Public Entity		5	Pharmaceutical		OTHE	RS, Specify	
Nation	nal Council of Provinces		OTHE	RS, specify		6	Media and Social Media		5.		
Gaute	ng Provincial Legislature					7	Retail/Direct Marketing				
Weste						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			INFORIVIALL	
Mpumalanga Provincial		13	Real Estate	
Legislature				
Eastern Cape Provincial				
Legislature		OTHE	RS, specify	
KwaZulu-Natal Provincial			TOUUTH ALIV	
Legislature				
			Ensuring projection of your personal in and effective access to information	