

CONSENT TO PROCESS (USE) PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right of privacy as provided for in the Constitution. By signing this form, you consent to your personal information to be processed by the NRCS and consent is effective immediately and will remain effective until such consent is withdrawn.

1. I am a natural person "herein referred to as the Data Subject" with ID No..... hereby give my consent to the NRCS "herein referred to as the Responsible Party" to collect, process and distribute my personal information where the NRCS is legally required to do so.
2. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information.
3. I understand the purposes for which my personal information is required and for which it will be used and consent to third parties accessing my personal information and to the NRCS sharing my personal information strictly for reporting purposes.
4. I understand that, should I refuse to provide the NRCS with the required consent and/ or information, the NRCS will not be able to assist me and/or process any request I have made.
5. I declare that all my personal information supplied to the NRCS is accurate, up to date, not misleading and that it is complete in all respects and will be held and/ or stored securely for the purpose for which it was collected and that I will immediately advise the NRCS of any changes to my Personal Information should any of these details change.
6. I also understand that I have the right to request that my personal information be corrected or deleted, if it is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or obtained unlawfully or that the personal information or record be destroyed or deleted if the responsible party is no longer authorized to retain it.

Signed at this day of20.....

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Signature of data subject/ designated person

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Name/Surname/of Responsible Party

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Signature

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Date
