

## Outworx Contact Centre (Pty) Ltd

### Outworx Management System (OMS)

# PROTECTION OF PERSONAL INFORMATION PRIVACY NOTICE ANNEXURE A

|                        |                     |
|------------------------|---------------------|
| Doc. Reference:        | OCC-IO-02-101.1     |
| Revision:              | 1.0                 |
| Confidentiality level: | Restricted          |
| Effective Date:        | 2024/06/04          |
| Owner:                 | Information Officer |
| Reviewed by:           | EXCO                |

#### Revision History

| Date       | Revision | Change by   | Description of change            |
|------------|----------|-------------|----------------------------------|
| 2024/05/27 | 0.1      | L. Hoekstra | Document Creation                |
| 2024/06/04 | 1.0      | L. Maharaj  | Updated to Document Standard 4.3 |



Vat No. 4470265556

Company Registration No. 2013/152005/07

Director: AERG Stafford RGA Hoekstra RDD Canning J Pavel

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## Protection of Personal Information Privacy Notice Annexure A

| <b>Request for access to records of Personal Information</b>  |  |
|---|--|
| <b>Section A: Particulars of Outworx Contact Centre (Pty) Ltd Deputy Information Officer</b>  |  |
| Name  |  |
| Contact Number  |  |
| Email Address   |  |
| <b>Section B: Particulars of person requesting access to the record</b>   |  |
| <p>a. Particulars of the person who requested access to the record must be given below.</p> <p>b. The address in the Republic to which the information is to be sent must be given.</p> <p>c. Proof of the capacity in which the request is made, if applicable, must be attached</p>                                     |  |
| Full Names and Surname  |  |
| Identity Number   |  |
| Postal Address  |  |
| Contact Number  |  |
| Email Address   |  |
| Capacity in which the request is made, when made on behalf of another person  |  |
| <b>Section C: Details of person on who behalf request is made</b>   |  |
| This section must be completed if a request for information is made on behalf of another person.  |  |
| Full Names and Surname  |  |
| Identity number   |  |
| <b>Section D: Particulars of record</b>   |  |
| <p>a. Provide full particulars of the record to which access is requested, including the reference number if known, to enable the record to be located.</p> <p>b. If the provided space is inadequate, please use a separate page/s and attach it to this form (all additional pages must be signed by the requestor)</p> |  |
| 1. Description of record or relevant part of the record   |  |
| 2. Reference number, if available   |  |
| 3. Any further particulars of record  |  |

|   |   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| <b>Section E: Fees</b>  |   |   |  |  |  |  |  |  |
| a.  | A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.   |   |  |  |  |  |  |  |
| b.  | You will be notified of the request fee amount to be paid.  |   |  |  |  |  |  |  |
| c.  | The fee payable for access to a record depends on the form in which access is required (this includes time taken to search for and prepare a record)  |   |  |  |  |  |  |  |
| If you qualify for an exemption from payment of any fees, please provide the reason for exemption   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |   |  |  |  |  |  |  |
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| <b>Section F: Particulars of right to be exercised or protected</b>   |   |   |  |  |  |  |  |  |
| If the provided space is inadequate, please continue on a separate page and attach to this form. All additional pages must be signed by the requestor   |   |   |  |  |  |  |  |  |
| 1.  | Indicate which right is to be exercised or protected  |   |  |  |  |  |  |  |
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| 2.  | Explain why the record requested is required for the exercise or protection of the right to be exercised  |   |  |  |  |  |  |  |
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| <b>Section G: Notice of decision regarding request for access</b>   |   |   |  |  |  |  |  |  |
| You will be notified in writing whether your request has been approved or denied. Please ensure that your details are accurate and correct.   |   |   |  |  |  |  |  |  |
| <b>Signature of Requestor / Person on whose behalf request is made</b>  |   |   |  |  |  |  |  |  |
| Signed at.....this.....day of.....20.....   |   |   |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 40px; vertical-align: bottom;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>                     Signature                 </td> <td style="width: 20%;"></td> </tr> </table>   |   | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature |  |  |  |  |  |  |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature   |   |   |  |  |  |  |  |  |
| <b>Internal Use only</b>  |   |   |  |  |  |  |  |  |
| Reference number  |   |   |  |  |  |  |  |  |
| Access fee  | R   |   |  |  |  |  |  |  |
| Signature of Deputy Information Officer   |   |   |  |  |  |  |  |  |