

## HAZCHEMWIZE (PTY) LTD

Registration Number: 2002/020331/07

# APPLICATION FOR PRIOR AUTHORISATION

The personal information submitted herein shall be solely used for purposes of prior authorisation application submitted to the Information Regulator ("Regulator") in terms of section 58(1) of the Protection of Personal Information, 2013 (POPIA).

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 personal information to be submitted in this document.

DETAILS OF RESPONSIBLE PARTY	
Type of Body:	Private
Registered Name of Responsible Party:	Hazchemwize (Pty) Ltd
Trading Name of Responsible Party:	Hazchemwize (Pty) Ltd
Registration Number of Responsible Party:	2002/020331/07
Postal Address of Responsible Party:	P.O. Box 10122 Edleen 1619
Physical Address of Responsible Party:	10 Zurich Road Spartan Kempton Park 1620
Contact number(s):	(011) 975-1278
E-mail address:	marcem@hazchemwize.co.za
Website:	www.hazchemwize.co.za

## NOTIFICATION OF PROCESSING WHICH IS SUBJECT TO PRIOR AUTHORISATION

Please mark with an X, a category of personal information you intend to process which is subject to a prior authorisation

<input type="checkbox"/>	<b>Unique identifiers of data subjects for a purpose other than the one for which the identifier was specifically intended at collection; and with the aim of linking the information together with information processed by other responsible parties</b>
	Specify nature or categories of Identifiers:  
<input type="checkbox"/>	<b>Criminal behaviour or on unlawful or objectionable conduct of data subject on behalf of third parties</b>
	Specify nature or categories of unlawful or objectionable conduct:  
<input type="checkbox"/>	<b>Credit reporting</b>
<input type="checkbox"/>	<b>Transfer of the special personal information or personal information of children, to a third party in a foreign country that does not provide an adequate level of protection for the processing of personal information</b>
	Specify the country(ies):  
<input type="checkbox"/>	<b>Any other types of information processing by law or regulation which the Regulator has considered that it carries a particular risk for the legitimate interests of the data subject</b>
	Specify the type(s) of information processing, if any:  

<b>Specify the reasons why it is necessary to process the personal information.</b>	

<b>Is the processing of the personal information for a specific, explicitly defined and lawful purpose related to a function or activity of the responsible party? If yes, specify the function or activity.</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	

<p>Is the function or activity of the responsible party regulated by another regulatory body? If yes, specify the regulatory body and proof of registration or authorisation to perform the function must also be provided or attached.</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	

<p>Is the function or activity of the responsible party regulated by another regulatory body? If yes, specify the regulatory body and proof of registration or authorisation to perform the function must also be provided or attached.</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	

<p>Please specify the categories of data subjects whose information will be or is being processed.</p> <p>Mark appropriate options with an X</p>	<input type="checkbox"/> Employees / Prospective Employees
	<input type="checkbox"/> Customers / Prospective Customers / Clients / Prospective Clients
	<input type="checkbox"/> Children
	<input type="checkbox"/> Users
	<input type="checkbox"/> Students
	<input type="checkbox"/> Vulnerable Adults
	<input type="checkbox"/> Subscribers
	<input type="checkbox"/> Patients
	<input type="checkbox"/> Other, specify:

Estimated number of data subjects whose processing of their personal information is subject to prior authorisation.	
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Security measures to be implemented to ensure the confidentiality, integrity and availability of the information which is to be processed.	

  

Has the staff member involved in the intended processing of personal information received Personal Information Protection training in the last 2 years? If yes, please specify nature of the training.  <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

Has the organisation suffered any security breach in the past three (3) months? If yes, please specify  <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

Has the organisation suffered any security breach in the past three (3) months? If yes, please specify  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>The nature of the breach:</b>
	<b>The preventative measures put in place:</b>
	<b>Were the data subjects and the Regulator notified about the breach:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO

Date on which business activities of the responsible party commenced:	
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Number of employees employed by the responsible party:	
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Number of branches in South Africa and outside South Africa:	
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Number of Deputy Information Officers designated or delegated:	
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<b>INFORMATION OFFICER</b>			
I declare that the information contained herein is true, correct and accurate.			
Signed at _____ on this _____ day of _____			
LOCATION DAY MONTH YEAR			
Signature _____		Signed by _____	
OF INFORMATION OFFICER		NAME OF INFORMATION OFFICER	