



Guideline: Registration of Information Officer

The Information Regulator's website is currently unable to properly handle the vast amount of internet traffic and generates a "Server Error" message.

In order to facilitate the registration of your information officer before the deadline, we suggest the following procedure:-

1. Complete the annexed form; and
2. E-Mail the form to registration.IR@justice.gov.za
3. Keep a copy of this e-mail in your POPI documentation for future reference.
4. Visit the website again after a week and ensure that our registration is finalized.
5. In the event that the form has not been processed, complete the online form.

Please endeavor to obtain your registration certificate before 30 June 2021 and always keep copies of your enquiries to the Information Regulator.



INFORMATION REGULATOR (SOUTH AFRICA)

*Ensuring protection of your personal information
and effective access to information*

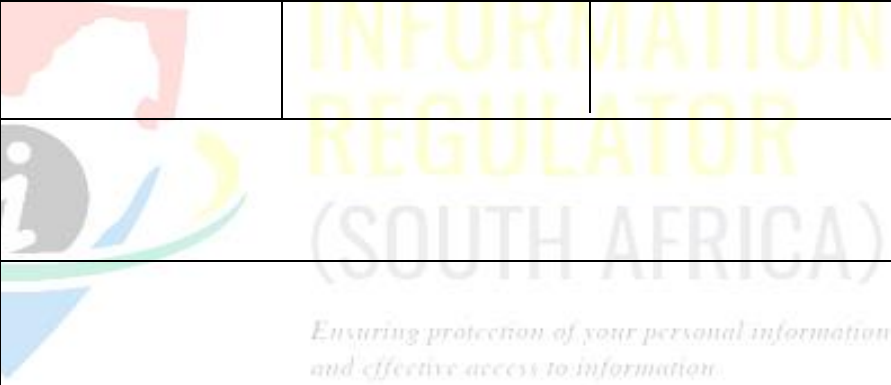
INFORMATION OFFICER'S REGISTRATION FORM

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	
Designation	
Postal Address	
Physical Address	
Cellphone Number	
Landline Number	
Fax Number	
Direct Email Address	
General Email Address	

PART B
DEPUTY INFORMATION OFFICER

Personal details of designated or delegated Deputy Information Officer(s)	Name	Name	Name
	Direct Landline	Direct Landline	Direct Landline
	Cellphone Number	Cellphone Number	Cellphone Number
	Email Address	Email Address	Email Address
Postal Address			
Physical Address			
Fax Number			
General Email			

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 true, correct and accurate.

*Ensuring protection of your personal information
and effective access to information.*

SIGNED and **DATED** at _____ on this the _____ day of _____ **202**__


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		
Item	Classification of Government	of	X	Item	Classification of a Public Entity	X	Item	Name of Industry Sector	X	Item	Type of profession	X
1.	National Government			1.	Constitutional Entities		1	Education		1	Legal	
2.	Provincial Government			2.	Schedule 2 Public Entity		2	Financial		2	Built Environment	
3.	Local Government			3.	Schedule 3A Public Entity		3	Health Facilities		3	Financial	
LEGISLATURE				4.	Schedule 3B Public Entity		4	Telecommunications		4	Medical and Allied Health Services	
National Assembly				5.	Schedule 3C Public Entity		5	Pharmaceutical		OTHERS, Specify		
National Council of Provinces				OTHERS, specify			6	Media and Social Media		5.		
Gauteng Provincial Legislature				7	Retail/Direct Marketing							
Western Cape Provincial Legislature				8	Tourism							

GOVERNMENT		PUBLIC ENTITIES	PRIVATE BODY		PROFESSION	
Northern Cape Provincial Legislature			9	Transportation, Storage and Logistics		
Limpopo Provincial Legislature			10	Manufacturing/Production		
Northwest Provincial Legislature			11	Banks		
Free State Provincial Legislature			12	International Organizations		
Mpumalanga Provincial Legislature			13	Real Estate		
Eastern Cape Provincial Legislature			OTHERS, specify			
KwaZulu-Natal Provincial Legislature			<p><i>Ensuring protection of your personal information and effective access to information.</i></p>			