

**Form B**

Protection of Personal Information Act of 2013 & Promotion of Access to Information Act  
2000

Objection to Processing of Personal Information Form

Attention: The Information Officer

BHA-Medical (Pty) Ltd

I, \_\_\_\_\_ (First & Surname), ID number:  
\_\_\_\_\_ hereby object to the processing of my personal  
information supplied to your organisation. My signature hereunder confirms my  
understanding of this objection and I submit this form in accordance with prescribed  
objection procedure as set-out by BHA-Medical in the PAIA / POPIA manual.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

**This fully completed and signed form must be emailed to:**

The Information Officer – BHA-Medical on [informationofficer@bha-medical.com](mailto:informationofficer@bha-medical.com)