

CYTOLUX

S E C U R I T Y

Reg: 2012/050246/07 | PSIRA: 2515162 | VAT: 4880283694
PAYE: 7300795954 | Income Tax: 9189477186

Stand No 20229

Ntsima Village

DIKGALE

0721

087 808 6717

076 852 0077

086 617 3504

admin@cytoluxsecurity.co.za



1. PAIA REQUEST FORM (Form C)

(In terms of Section 53(1) of the Promotion of Access to Information Act, 2 of 2000)

CYTOLUX SECURITY (PTY) LTD

REQUEST FOR ACCESS TO RECORDS OF A PRIVATE BODY

A. Particulars of the Private Body

- **Company Name:** Cytolux Security (Pty) Ltd
- **Information Officer:** Onkarabile Mojapelo
- **Address:** Stand No. 20229, Ntsima Village, Dikgale, 0721
- **Email:** onkarabile@cytoluxsecurity.co.za
- **Telephone:** +27 87 808 6717

B. Particulars of the Requester

(If made on behalf of another person, proof of capacity must be attached)

- Full Name: _____
- Identity/Reg No.: _____
- Postal Address: _____
- Telephone: _____
- Email: _____
- Relationship to data subject (if applicable): _____

C. Particulars of Record Requested

1. Description of the record(s): _____
2. Reference number (if available): _____
3. Any additional information to identify the record: _____



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D. Right Exercised or Protected

State what right you are seeking to exercise or protect and why the record is required:

E. Manner of Access

Indicate how you wish to access the record (tick):

- Copy of record
- Inspection of record
- Email / Electronic copy
- Other (specify): _____

F. Particulars of Fees

- A request fee may be payable.
- The requester will be notified of the amount before the request is processed.

G. Signature

- Signature of Requester: _____
- Date: _____



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2. POPIA DATA SUBJECT REQUEST FORM

(In terms of Sections 23–25 of the Protection of Personal Information Act, 2013)

CYTOLUX SECURITY (PTY) LTD

REQUEST BY DATA SUBJECT

A. Particulars of the Data Subject

- Full Name: _____
- Identity/Reg No.: _____
- Postal Address: _____
- Telephone: _____
- Email: _____

B. Type of Request (tick applicable)

- Request access to personal information
- Request correction of personal information
- Request deletion/destruction of personal information
- Object to processing of personal information
- Withdraw consent for processing

C. Details of Personal Information Involved

(Provide description of the information or processing you are referring to)

D. Reason for Request

E. Method of Response

- Email
- Post
- Collection in person

F. Declaration

I declare that the information provided in this form is accurate and complete.

- Signature: _____
- Date: _____

