

THIRD PARTY CONSENT FORM

CONSENT TO SHARE AND PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPIA)

By signing this form, you consent to the GPAA/GEPF processing your personal information and sharing your personal information with any third party nominated by yourself. This consent will be effective from date of signature and will remain effective until such consent is withdrawn in writing..

PARTICULARS OF DATA SUBJECT AND CONSENT

I, the undersigned:

- **Full Names:** _____, a natural person (herein referred to as the Data Subject) with
- **ID No:** _____
- **Pension number:** _____

I hereby consent to the GPAA/GEPF (the Responsible Party and the Operator, respectively) collecting, processing and providing my personal information to the person(s) nominated herein by myself, and/or as the GPAA/GEPF is legally required to do.

I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information.

The third party nominated by myself with whom my personal information may be shared is:

TITLE	
FIRST NAMES	
SURNAME	
ID NUMBER	
EMAIL ADDRESS	
RELATIONSHIP TO DATA SUBJECT	

Please ensure that the following documents are attached:

	Please Tick
COPY OF ID OF DATA SUBJECT	
COPY OF ID OF NOMINATED THIRD PARTY	



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Department:
Government Pensions Administration Agency
REPUBLIC OF SOUTH AFRICA



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PERSONAL INFORMATION

For purposes of this consent, "personal information" includes:

Name, surname, initials, identity number or passport number, address, contact details, employment and pension information, and any other information that may be required for the processing and administration of pension and related benefits.

TERMS and CONDITIONS

This consent gives the GPAA/GEPF permission to make my personal information available to the named third party or third parties indicated in this form.

I agree that by making this information available, GPAA/GEPF are not responsible for any loss, whether directly, indirectly or as a result of disclosing the information.

The GPAA/GEPF shall only use your personal information for the purposes authorised and set out herein and shall take all reasonable steps to protect your personal information from unauthorised access, disclosure or use.

The GEPF/GPAA shall comply with all applicable laws and regulations, including the Protection of Personal Information Act, 4 of 2013 (POPIA).

DURATION

I understand that this consent shall remain in effect for 30 calendar days or until I withdraw it in writing or when the GEPF/GPAA is no longer required to process or administer my pension and related benefits or as otherwise required by law.

RIGHT TO WITHDRAW CONSENT

I understand that I have the right to change or withdraw this consent at any time, and that I have the right to request that my personal information be corrected or deleted, if it is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or was obtained unlawfully or that the personal information or record be destroyed or deleted if the responsible party/operator is no longer authorised to retain it.

ACKNOWLEDGMENT

I, the data subject, hereby acknowledge that:

I have read and understood the terms and conditions of this consent.

I consent to the GPAA/GEPF processing my personal information for the purpose described herein.

I understand that I have the right to change or withdraw this consent at any time in writing.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **20** _____.

SIGNATURE OF DATA SUBJECT



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INSTRUCTIONS FOR COMPLETING THE FORM

1. Use CAPITAL LETTERS and black ink.
2. Original certified copy of the bar-coded ID, ID Card (both sides), Passport or Birth Certificate (in case of a minor child).
3. Certification must not be older than 6 months when received at the GEPF.
4. This form must be submitted by the member

NB: Once the member has duly completed this form, please be advised that processing will take approximately 7 to 14 business days. Kindly send the form to: 3rdpqueries@gpaa.gov.za



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