

Form 3

Experian Data Processing Complaint Form

Please complete the below form in as much detail as possible so that we can assist you with your data processing complaint.

What is your complaint about?

1. Are you:

- personally affected by the issue(s) at stake in your complaint?
- not personally concerned, but would like to draw the attention of Experian to an alleged breach of data protection rules acting as an informant or whistle-blower?

2. Please describe your complaint and specify which personal data protection rule(s) you believe have been infringed by Experian.

3. Please explain what you would like Experian to do in order to remedy the alleged breach(es).

4. When did you become aware of the alleged breach(es)?

5. If you have supporting documents to substantiate your claim, please attach them to the form (your submission).

Contact Information:

6. Please provide the following details:

Name*: _____

Surname*: _____

Contact Number: _____

Email Number: _____

***Please note:** If you are a lawyer acting on behalf of a client, please enter your client's name here, not yours - please enter your details under section 7 below and attach a power of attorney.

7. If you are a lawyer acting on behalf of a client, please complete the following information:

Name & surname of lawyer: _____

Company: _____

Contact Number: _____

Email Number: _____

Confidential treatment

Experian treats all complaints confidentially. However, the investigation of your complaint may require disclosing your identity and the allegations you made to the Information Regulator and, if necessary, for the investigation, to other third parties involved, including law enforcement, where relevant.

Do you accept this standard confidential treatment of your complaint? If not, and you wish to remain anonymous to the institution concerned, to the relevant DPO, or to third parties, please explain the reasons for your request. Please also explain which additional safeguards you would like us to take. We will consider how far we can implement these requests and will keep you informed.

- Yes
- No

If no, please explain your reason for not accepting the above and additional safeguards you wish us to take.

I acknowledge having read and understood the [Data Privacy Policy Notice](#).

- Yes

Please submit this form with the required attachments to:

Contact Person: Information Officer: Sikhulule Mabece

Physical address: Gauteng
Ballyoaks Office Park
35 Ballyclare Drive
Bryanston, Sandton

OR

Cape Town
Experian House
3 Neutron Avenue
Stellenbosch

Postal address: Ballyoaks Office Park
35 Ballyclare Drive
Bryanston, Sandton
2191

Email: informationofficerafrica@experian.com