

PROTECTION OF PERSONAL INFORMATION ACT**NO. 4 of 2013 (POPI)****AGENT: CONSENT TO DISSEMINATION OF PERSONAL INFORMATION**

I, the undersigned,

Name & Surname: _____

Identity Number: _____

(copy of identity document / card attached)

Holder of Municipal Account Number _____

hereby furnish my consent to the Nelson Mandela Bay Metropolitan Municipality, its employees, agents or assigns to the processing by dissemination through the transmission, distribution or making available in any other form of personal information relating to myself, including personal information in respect of the aforementioned Municipal Account, which personal information may include copies of the statements of account and/or invoices in respect of the aforementioned Municipal Account to the following person:

Name: _____

Surname: _____

Identity Number: _____

(copy of identity document / card attached)

SIGNED at PORT ELIZABETH on this _____ day of _____ 20....

AS WITNESSES:

1. _____

ACCOUNT HOLDER SIGN

2. _____

*Please note that this Consent remains valid for a period of six (6) months from date of signature here