

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

I, the undersigned,

Name & Surname: _____

Identity Number: _____

(Attach copy of Trust registration document and Trustee identity document attached)

Holder of Municipal Account Number _____

As Trustee ofTRUST 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. _____

TRUSTEE SIGN

2. _____

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