**POPIA CONSENT FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(full names),* hereby consent **the dtic** and its officials, to process my personal information for all purposes related to processing of payments/ claims, in accordance with the provisions of the Protection of Personal Information (POPI) Act, 2013 (Act no. 4 of 2013) & Protection of Information Act, 1982 (Act no. 84 of 1982),

 Give my consent

 Do not give my consent

Signed at………………………… this..……………day of………………..20…………

 ………………………………………………

*Signature of data subject*