**[Company Name] Staff Notice and Consent Form for processing of Personal Information**

The Protection of Personal Information Act, No4 2013, requires companies to collect and store Personal Information relating to its employees.

As an employee of [company name], we will process your Personal Information and are not required to obtain your consent for the following purposes which are mandated by relevant laws and regulations:

1. Maintaining personnel records as required by the Basic Conditions of Employment Act
2. Maintaining personnel records as required by the Compensation for Occupational Injuries and Diseases Act;
3. Maintaining personnel records as required by the Employment Equity Act
4. Maintaining personnel records as required by the Labour Relations Act;
5. Maintaining personnel records as required by the Occupational Health & Safety Act;
6. Maintaining personnel records as required by the Unemployment Insurance Act;
7. Maintaining personnel records for Income Tax compliance purposes;
8. Other unspecified legislation as may be required of your employer;
9. Other legitimate interests of your employer such security and other compliance purposes related to the nature of the employer’s activities.

It will be necessary to share your Personal Information with external organisation relating to the purposes listed above.

You may optionally allow your employer to share your information with other organisations on a voluntary basis, such as

* Maintaining records for Retirement/Provident Fund purposes; Yes / No
* Maintaining records for Medical insurance purposes; Yes / No
* Other (please state);\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Personal Information will not be shared with these external parties unless you provide prior written consent.

I hereby provide consent for my Personal Information to be processed for the purposes listed above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_