

OPERATOR PRIVACY COMPLIANCE SELF-ASSESSMENT FORM

Operators processing Personal Information on behalf of EPPF are required to perform an annual Privacy Compliance Self-assessment to evaluate the processes and controls that they have in place to ensure compliance with POPIA. This assessment must be submitted, in writing to the EPPF Deputy Information officer (DIO), on an annual basis.

Depending on the nature of the Operator, the volume and type of Personal Information processed by the Operator, and the results of the Operator Privacy Compliance Self-assessment, the DIO may require further investigation or an audit of the Operator. This may be a full-scope detailed exercise, or may focus only on selected aspects of the Operator's Processing of Personal Information.

The table below contains the annual privacy compliance self-assessment that is to be conducted by the Operator.

OPERATOR PRIVACY COMPLIANCE SELF ASSESSMENT		
Section	Questions	Submission
EPPF introduction	<p>The Eskom Pension and Provident Fund (EPPF) is required to comply with the requirements of the Protection of Personal Information Act 4 of 2013 (POPIA) and to ensure that Operators' Processing Personal Information on behalf of EPPF, do so in compliance with the POPIA. It is for this reason that we require our Operators to submit an annual Privacy Compliance Self-Assessment. Once submitted, we may, if required, request further details and/or carry out a compliance Audit in terms of our contract.</p> <p>We therefore request our Operators to complete this self-assessment within 30 days of the request date below and submit it to:</p> <p>Postal Address: The Deputy Information Manager EPPF Private Bag X50 Bryanston 2021</p> <p>Physical Address: The Deputy Information Manager Khumo House EPPF Office Park 24 Georgian Crescent East Bryanston East Johannesburg 2191</p> <p>The Deputy Information Manager</p>	

OPERATOR PRIVACY COMPLIANCE SELF ASSESSMENT

Section	Questions	Submission
	Telephone no.: _____ Fax no.: _____ e-mail: _____ Request date: _____	
Operator details	Operator name	
	Operator business address	
	Contact name	
	Contact designation	
	Contact email	
	Office telephone number	
	Cellular number	
Information Officer or Privacy Officer (or equivalent) details	Name	
	Designation	
	Email	
	Office Telephone number	
	Cellular Number	
	Signature.	
Assessment date	Date of submission	
Compliance Review	Date of independent/ third party review /audit of Compliance	
	Name of Entity	
	Results of independent review/audit (to be attached to form)	
	Independent Certification (to be attached)	
	IT Controls in place (e.g. ISAE 3402 / SSAE 18, ISO27001/2 certification)	
	Signature	