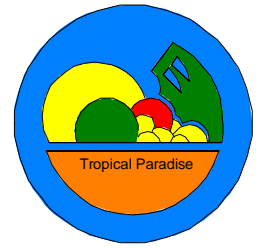




**GREATER TZANEEN MUNICIPALITY**  
**GROTER TZANEEN MUNISIPALITEIT**  
**MASIPALA WA TZANEEN**  
**MASEPALA WA TZANEEN**



P.O. BOX 24

TEL: 015 307 8000

TZANEEN 0850

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**CONSENT FORM FOR PROCESSING AND DISTRIBUTION OF PERSONAL  
INFORMATION AND IMAGES**

**IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT (POPIA) NO. 4 OF  
2013**

**1. PURPOSE OF THE FORM**

The purpose of this consent form is to obtain voluntary and informed consent from employees of the Greater Tzaneen Municipality for the collection, processing, and distribution of their personal information, including photographs, for official municipal communication purposes. Greater Tzaneen Municipality is committed to protecting the privacy of all employees and ensuring compliance with the Protection of Personal Information Act (POPIA).

**2. PERSONAL INFORMATION**

I, the undersigned, hereby consent to the collection, processing, and distribution of the following personal information by the Greater Tzaneen Municipality:

- ✓ My full name and designation
- ✓ My photographs, videos, or other images taken in the course of my employment
- ✓ Any work-related achievements, events, or recognitions

This information may be published on:

- ✓ The official municipal website
- ✓ Official social media platforms (Facebook, Twitter, Instagram, etc.)
- ✓ Internal and external email communications
- ✓ Municipal newsletters, brochures, or other publications

### 3. CONSENT DECLARATION

I understand that:

1. My personal information will only be used for legitimate municipal communication and promotional purposes.
2. The Municipality will take all reasonable steps to protect my personal information from unauthorized access, disclosure, or loss.
3. My personal information will not be shared with third parties without my consent, except where required by law.
4. I have the right to withdraw my consent at any time by providing written notice to the Municipality.
5. Withdrawing my consent does not affect the lawfulness of processing my information before the withdrawal.

### 4. EMPLOYEE DETAILS

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

Designation: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 5. SIGNATURE & DATE


(Full Name) \_\_\_\_\_, hereby give my voluntary and informed consent for the Greater Tzaneen Municipality to process and distribute my personal information and images as outlined in this form.

Signature: \_\_\_\_\_

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

For any queries regarding the processing of personal information, please contact the Greater Tzaneen Municipality at:

 Municipal Office: Records Management

 Phone: 015 307 8319

 Email: `miyelani.nkwinika@tzaneen.gov.za