



Wes-Kaapse Provinsiale Parlement  
Western Cape Provincial Parliament  
IPalamente yePhondo IeNtshona Koloni

## CONSENT FORM

### MEDIA REPRESENTATIVES

I, the undersigned, ..... (full names),  
herewith confirm that I understand my right to privacy and the right to have my personal information  
processed in accordance with the provisions as set out in the Protection of Personal Information  
Act, 2013.

I therefore hereby give my consent to the Western Cape Provincial Parliament (WCPP) to process my  
relevant personal information for security vetting purposes by the relevant security agencies, where the  
WCPP is legally required to do so, and for the WCPP to extend invitations to me.

SIGNED AT ..... ON THIS THE ..... DAY OF .....

.....

(Signature)

