



transmed
M E D I C A L F U N D

**TRANSMED MEDICAL FUND
(Transmed)**

**INFORMATION MANUAL PREPARED IN TERMS OF SECTION 51
OF THE PROMOTION OF ACCESS TO INFORMATION ACT 2 OF
2000**

Contents

1.	Introduction	3
2.	Purpose of PAIA	3
3.	Information Officer contact details	4
4.	Guide by the Regulator (South Africa)	5
5.	Information that is automatically available without a person having to request access	6
6.	Types of records available in accordance with other legislation	6
7.	Subject categories of records	6
8.	Purpose of processing Personal Information	7
9.	Categories of Data Subjects	8
10.	Recipients to whom Personal Information may be supplied	8
11.	Transborder flow of Personal Information	8
12.	Information Security Measures	8
13.	Grounds for refusal of access to records	9
14.	Access to records held by the Transmed	9
15.	Request procedure	10
16.	Decision	11
17.	Remedies available when Transmed refuses a requestor	11
18.	Fees	11
19.	Availability of the Manual	13
20.	Updating of the Manual	13
21.	Annexure A- Form	14
	• Form 1a Request for a copy of the guide from the Regulator	
	• Form 1b Request for a copy of the guide from the Information Officer	
	• Form 2 Request for access to record	
	• Form 3 Outcome of request and of fees payable	
	• Form 5 Complaint	

1. Introduction

This manual extends to the information held by Transmed Medical Fund, hereinafter referred to as Transmed. Transmed is a registered medical scheme, registration number 1582, with the Council for Medical Schemes (CMS) in terms of section 24 of the Medical Schemes Act 131 of 1998, as amended.

Transmed falls within the definition of a private body; therefore, the sections pertaining to private bodies will be applicable.

The Promotion of Access to Information Act, No 2 of 2000 (“the Act”) gives effect to the constitutional right of access to any information in records held by public (government) or private (non-government) bodies that is required for the exercise of protection of any rights. Where a request is made in terms of the Act, Transmed is obliged to release the information, except where the Act expressly provides that the information may or must not be released.

This manual informs requesters of procedural and other requirements which a request must meet as prescribed by the Act. This Manual has therefore been prepared in terms of section 51 of the Promotion of Access to Information Act 2 of 2000 (“PAIA”) and updated in the light of the Protection of Personal Information Act 4 of 2013 (“POPIA”).

It is important to note that the Act recognises certain limitations to the right of access to information, including, but not limited to, limitations aimed at the reasonable protection of privacy, commercial confidentiality, and effective, efficient, and good governance, and in a manner which balances that right with any other rights, including such rights contained in the Bill of Rights in the Constitution of the Republic of South Africa.

2. Purpose of PAIA

It is intended to:

- Outline the procedure to be followed to request for access to a record;
- A description of the records and categories held by and on behalf of Transmed;
- Relevant forms that are required to be completed by the requester;
- Stipulate the grounds for refusal of access to any records;
- Outline the applicable fees payable when requesting access to these records.

3. Information Officer Contact Details

Name and Surname of the Information Officer

Petrus Wassermann

Physical Address

First Floor Eagle Canyon Office Park
Corner of Dolfyn and Christiaan De Wet Streets
Randparkridge
Randburg
2169

Postal Address

PO Box 32043
Braamfontein
2017

Telephone Number

+27 (0) 10 443 8752

Fax Number

+27 (0) 11 403 1740

Email Address

pwassermann@transmedfund.co.za

Website

www.transmed.co.za

4. Guide by the Regulator (South Africa)

The Regulator has in terms of Section 10(1) of PAIA, as amended, updated, and made available the revised Guide on how to use the PAIA Guide in an easily comprehensible form and manner in every official language and in braille, containing information as may reasonably be required by a person who wishes to exercise any right contemplated in the act.

The Guide on how to use the Promotion of Access to Information Act 2 of 2000 is available at [www.https://info regulator.gov.za](https://info regulator.gov.za)

Any enquiries regarding this guide should be directed to:

The Information Regulator (South Africa)

Physical Address

JD House
27 Stiemens Street
Braamfontein
Johannesburg
2001

Postal Address

Information Regulator (South Africa)
PO Box 31533
Braamfontein
2017

Telephone Number

+27 (0) 10 023 5200

Fax Number

+27 (0) 11 403 0668

General enquiries email address

enquiries@info regulator.org.za

PAIA Complaints email address

PAIAComplaints@info regulator.org.za

POPIA Complaints email address

POPIAComplaints@info regulator.org.za

Website

<https://www.info regulator.org.za>

5. Information that is automatically available without a person having to request access

All information which is published on Transmed's website is automatically available without having to request access.

This information includes:

- Brochures
- Forms
- Benefit guides
- Newsletters

The information can be downloaded from Transmed website, or it can be requested telephonically or by sending an email or letter.

6. Types of records available in accordance with other legislation

The requester may also request information that is available in terms of other legislation.

- Basic Conditions of Employment Act, 75 of 1997.
- Companies Act, 71 of 2008.
- Employment Equity Act, 55 of 1998.
- Medical Schemes Act, 131 of 1998.
- The Promotion of Access to Information Act no 2 of 2000.
- The Protection of Personal Information Act no 4 of 2013.

The above is not a comprehensive list of legislations that may require Transmed to keep records.

7. Subject categories of records

The accessibility of the documents listed below may be subject to the grounds of refusal set out in part 13 of this manual.

7.1 Employee Records

"Employee" refers to any person who works for or provides services to or on behalf of Transmed and receives or is entitled to receive remuneration and any other person who assists in carrying out or conducting the business of Transmed and includes, without limitation, directors (executive and non-executive), all permanent, temporary, and part-time staff, as well as contract workers.

Employee Records may include the following:

- Personal records provided by employees;
- Records provided by a third party relating to employees;
- Conditions of employment and other employee-related contractual and quasi-legal records;
- Correspondence relating to employees; and

- Training schedule/s and material.

7.2 *Client Related Records*

“Client” refers to any natural or juristic entity that receives services from Transmed.

Client Records may include the following:

- Records provided by a client to an intermediary;
- Records provided by a third party;
- Records generated by or within Transmed relating to clients, including transactional records.

7.3 *Scheme Related Records*

These records include, but are not limited to, the records which pertain to Transmed own affairs:

- Financial records;
- Operational records;
- Information technology policies and procedures;
- Marketing and communication records;
- Administrative records such as service level agreements and contracts;
- Statutory records;
- Internal policies and procedures.

7.4 *Other Party Records*

- Additional records are held pertaining to other parties but not limited to:
- Suppliers;
- Intermediaries;
- Service Providers.

8. Purpose of processing Personal Information

The purpose for which we process personal information includes but is not limited to:

- Response to enquiries;
- Maintain client and service provider records;
- Administer member premiums and claims;
- Provide services to clients and service providers;
- Provide access to restricted pages on website and mobile app;
- Comply with legal requirements and industry regulations;
- Safety and security reasons;
- Processes records of other parties for business administration purposes.

9. Categories of Data Subjects

Category of data subject	Categories of information and records
Employees	Name, surname, ID number, physical and postal addresses, email address, contact details such as facsimile, telephone and cell numbers, bank details, tax number, qualification records, training records.
Clients	Name, ID or passport number, date of birth, gender, marital status, language, Income, tax details physical and postal addresses, contact details such as e-mail address, facsimile, telephone and cell numbers, bank details.
Contracted Service Providers (Third parties)	Name of contact person, name of the entity, physical and postal addresses, contact details such as mail address, facsimile, telephone and cell numbers, financial information, tax related information, registration number, contracts, tender documentation.

10. Recipients to whom Personal Information may be supplied

Transmed may supply information or records to the following categories of recipients:

- Any relevant healthcare service providers, including healthcare practitioners, managed care facilities, network hospitals, pharmacies or any other health establishments;
- Any relevant regulatory authorities, including but not limited to the Council for Medical Schemes established in terms of the Medical Schemes Act, No. 131 of 1998;
- Any approved service provider, contractor or supplier with whom Transmed has an agreement;
- Any approved service providers who perform services on Transmed's behalf;
- Accredited managed care organisations;
- Accredited administrators;
- A requestor making a successful application for access in terms of PAIA.

11. Transborder flows of personal information

Transmed may transfer personal information to a third party who is in a foreign country (Namibia) to administer certain services. Transmed may from time to time make use of cloud service providers to store information outside of the borders of South Africa in which event Transmed shall ensure that the processing of the Personal Information is safeguarded by including the safety provisions in the agreement with the service provider. Other than this Transmed will not transfer any Personal information outside of the borders without a member's prior consent.

12. Information Security Measures

Transmed takes information security measures to ensure the integrity and confidentiality of personal information in Transmed's possession or under its control. Transmed takes appropriate, reasonable technical and organisational measures to prevent loss of, damage to, or unauthorised destruction of personal information and unlawful access to or processing of personal information.

13. Grounds for refusal of access to records

Transmed may refuse a request for information based on the following:

- 13.1 Mandatory protection of the privacy of a third party who is a natural person, which would involve the unreasonable disclosure of personal information of that natural person;
- 13.2 Mandatory protection of the commercial information of a third party, if the record contains:
 - 13.2.1 Trade secrets of that third party;
 - 13.2.2 Financial, commercial, scientific, or technical information which disclosure could likely cause harm to the financial or commercial interests of that third party;
 - 13.2.3 Information disclosed in confidence by a third party to Transmed if the disclosure could put that third party at a disadvantage in negotiations or commercial competition.
- 13.3 Mandatory protection of certain confidential information of third parties if it is protected in terms of any agreement or legislation;
- 13.4. Mandatory protection of the safety of individuals and the protection of property;
- 13.5. Mandatory protection of records which would be regarded as privileged in legal proceedings;
- 13.6. The commercial activities of Transmed, which may include:
 - 13.6.1 Trade secrets of Transmed;
 - 13.6.2 Financial, commercial, scientific or technical information which disclosure could likely cause harm to the financial or commercial interests of Transmed;
 - 13.6.3 Information which, if disclosed, could put Transmed at a disadvantage in negotiations or commercial competition;
 - 13.6.4. A computer program which is owned by Transmed, and which is protected by copyright.
- 13.7 The research information of Transmed or a third party, if its disclosure would disclose the identity of the institution, the researcher or the subject matter of the research and would place the research at a serious disadvantage;
- 13.8 Requests for information that is clearly frivolous or vexatious, or which involve an unreasonable diversion of resources shall be refused.

14. Access to records held by Transmed

Records held by Transmed will be accessed only once the prerequisite requirements for access have been met by a requester. A requester is any person making a request for access to a record of or held by Transmed. There are two types of requesters:

14.1. *Personal requester*

A personal requester is a requester who is seeking access to a record containing personal information about the requester. Transmed will voluntarily provide the requested information or give access to any record with regard to the requester's personal information. The prescribed fee for reproduction of the information requested will be charged.

14.2. *Other requester*

This requester (other than a personal requester) is entitled to request access to information on third parties. However, Transmed is not obliged to voluntarily grant access. The requester must fulfill the prerequisite requirements for access in terms of the Act, including the payment of a request and access fee.

15. Request procedure

15.1. A requester requiring access to information held by a Transmed or by the administrator on behalf of Transmed must complete the prescribed form. Refer to Annexure A.

15.2. Submit the completed form to the Information Officer at the postal or physical address, fax number or electronic mail address recorded in section 3 of this manual and pay a request fee and a deposit, where so advised.

15.3 The prescribed form must be completed with enough particularity to at least enable the Information Officer to identify:

15.3.1. The record or records requested;

15.3.2. The identity number of the requester;

15.3.3. The form of access required, if the request is granted;

15.3.4. The e-mail, postal address, or fax number of the requester.

15.4. If a request is made on behalf of another person, then the requester must submit proof of the capacity in which the requester is making the request to the reasonable satisfaction of the Information Officer.

15.5. The requester must state that he/she requires the information in order to exercise or protect a right, and clearly state what the nature of the right to be exercised or protected. In addition, the requester must clearly specify why the record is necessary to exercise or protect such a right.

15.6. Transmed will process the request within 30 days, unless the requester has stated special reasons which would satisfy the Information Officer that circumstances dictate that the above time periods could not be complied with.

15.7. The requester will be informed in writing whether access has been granted or denied. If, in addition, the requester requires the reasons for the decision in any other manner, he/she must state the manner and the particulars so required.

15.8. If an individual is unable to complete the prescribed form because of illiteracy or disability, such a person may make the request orally to the Information Officer.

15.9. Where applicable, the requester must pay the prescribed fee if applicable before any further processing can take place.

16. Decision

16.1. Transmed will, within 30 days of receipt of the request, decide whether to grant or decline the request and give notice with reasons (if required) to that effect.

16.2. The 30-day period within which Transmed must decide whether to grant or refuse the request, may be extended for a further period of not more than 30 days if the request is for a large number of information, or the request requires a search for information held at another office of Transmed and the information cannot reasonably be obtained within the original 30-day period. The Information Officer will notify the requester in writing should an extension be sought.

17 Remedies available when Transmed refuses a requestor

17.1. Internal Remedies

Transmed does not have internal appeal procedures regarding PAIA and POPIA Act request for access to information. Therefore, the decision made by the Information Officer is final. Requesters who are dissatisfied with a decision of the Information Officer will have to exercise external remedies at their disposal.

17.2. External Remedies

A requester or a third party, who is dissatisfied with an Information Officer's refusal to disclose information, or the disclosed information may within 30 days of notification of the decision, apply to the Constitutional Court, the High Court, or another court of similar status for relief.

18. Fees

18.1. The Act provides for two types of fees, namely:

- A request fee, which will be a standard fee; and
- An access fee will be calculated by taking into account reproduction costs, search and preparation time and cost, as well as postal costs.

18.2. When the request is received by the Information Officer, the Officer will by notice require the requester, other than a personal requester, to pay the regulated prescribed request fee (if any) before further processing of the request.

18.3. The Information Officer can withhold a record until the requester has paid the fees as indicated.

18.4. A requester whose request for access to a record has been granted must pay an access fee for reproduction, for search, preparation and for any time reasonably required in excess of the prescribed hours to search for and prepare the record(s) for disclosure including making arrangements to make it available in the requested format.

Request Fees

Where a requester submits a legitimate request for access to information held by Transmed, a request fee is payable up-front before the request will be processed.

Access Fees

An access fee is payable in all instances where a request for access to information is granted, except in those instances where payment of an access fee is specially excluded in terms of the PAIA Act, or an extension is determined by the Minister in terms of section 54 (8) of the PAIA Act.

The applicable access fees payable is:

Item	Description	Fee
1.	The request fee payable by every requester	R140.00
2.	Photocopy/printed black & white copy of A4-size page	R2.00 per page or part thereof
3.	Printed copy of A4-size page	R2.00 per page or part thereof
4.	For a copy in a computer-readable form on: <ul style="list-style-type: none">• Flash drive (to be provided by requester)• Compact Disc<ul style="list-style-type: none">▪ If provided by requester▪ If provided to the requester	R40.00 R40.00 R60.00
5.	For a transcription of visual pages per A4-size page	Service to be outsourced.
6.	Copy of visual images	Will depend on the quotation from Service Provider
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on: <ul style="list-style-type: none">• Flash drive (to be provided by requester)• Compact Disc<ul style="list-style-type: none">▪ If provided by requester▪ If provided to the requester	R40.00 R40.00 R60.00
9.	To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. To not exceed a total cost of	R145.00 R435.00
10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8
11.	Postage, e-mail, or any other electronic transfer	Actual expense, if any.

These fees are subject to amendment without notice.

19. Availability of the Manual

A copy of this Manual is available for public inspection as follows:

- At the physical address of Transmed Medical Fund during normal business hours
- On Transmed website
- From the Information Officer

20. Updating of the manual

Transmed will on a regular basis update this manual as deemed necessary.

Authorised: Petrus Wassermann	Version 4	Effective Date: 2025.09.01
Position: Principal Officer	Page 1-31	File Reference: Transmed Medical Fund PAIA Manual

ANNEXURE A

FORM 1a

REQUEST FOR A COPY OF THE GUIDE

[Regulation 2]

TO: *Regulator

(Address)

I,

Full names:				
In my capacity as: (mark with "x")	Information officer		Other	
Name of *public/private body: (if applicable)				
Postal Address:				
Street Address:				
E-mail Address:				
Facsimile:				
Contact numbers:	Tel.(B):		Cellular:	

hereby request the following copy/copies of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
Sepedi		Sesotho	
Setswana		siSwati	
Tshivenda		Xitsonga	
Afrikaans		English	
isiNdebele		isiXhosa	
isiZulu			

Manner of collection (mark with "x"):

Personal collection	Postal address	Facsimile	Electronic communication (Please specify)

Signed at _____ this _____ day of _____ 20 _____

Signature of requester

FORM 1b

REQUEST FOR A COPY OF THE GUIDE

[Regulation 3]

TO: *Information Officer

(Address)

I,

Full names:				
In my capacity as: (mark with "x")	Information officer		Other	
Name of *public/private body: (if applicable)				
Postal Address:				
Street Address:				
E-mail Address:				
Facsimile:				
Contact numbers:	Tel.(B):		Cellular:	

Hereby request the following copy/copies of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
<input type="checkbox"/> Sepedi		<input type="checkbox"/> Sesotho	
<input type="checkbox"/> Setswana		<input type="checkbox"/> siSwati	
<input type="checkbox"/> Tshivenda		<input type="checkbox"/> Xitsonga	
<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> isiZulu			

Manner of collection (mark with "x"):

Personal collection	Postal address	Facsimile	Electronic communication (Please specify)

Signed at _____ this _____ day of _____ 20 _____

Signature of requester

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

- 1. Proof of identity must be attached by the requester.
- 2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

TO: *Information Officer

(Address)

E-mail address: _____

Fax number: _____

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person.

PERSONAL INFORMATION			
Full Names:			
Identity Number:			
Capacity in which request is made: <i>(When made on behalf of another person)</i>			
Postal Address:			
Street Address:			
E-mail Address:			
Contact Numbers:	Tel. (B):		Facsimile:
	Cellular:		

Full names of person on whose behalf request are made: <i>(if applicable)</i>			
Identity Number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact Numbers:	Tel. (B):		Facsimile:
	Cellular:		
PARTICULARS OF RECORD REQUESTED			
<p><i>Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</i></p>			
Description of record or relevant part of the record:			
Reference number, if available:			
Any further particulars of record:			
TYPE OF RECORD <i>(Mark the applicable box with an "X")</i>			
Record is in written or printed form:			
Record comprises virtual images: <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)</i>			

Record consists of recorded words or information which can be reproduced in sound:	
Record is held on a computer or in an electronic, or machine-readable form:	
FORM OF ACCESS <i>(Mark the applicable box with an "X")</i>	
Printed copy of record: <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	
Written or printed transcription of virtual images: <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)</i>	
Transcription of soundtrack: <i>(written or printed document)</i>	
Copy of record on flash drive: <i>(including virtual images and soundtracks)</i>	
Copy of record on compact disc drive: <i>(including virtual images and soundtracks)</i>	
Copy of record saved on cloud storage server:	
MANNER OF ACCESS <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body: <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i>	
Postal services to postal address:	
Postal services to street address:	
Courier service to street address:	
Facsimile of information in written or printed format: <i>(including transcriptions)</i>	
E-mail of information: <i>(including soundtracks if possible)</i>	
Cloud share/file transfer:	
Preferred language: <i>(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)</i>	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or Protected:	
Explain why the record requested is required for the exercise or protection of the aforementioned right:	

FEES

- a) *A request fee must be paid before the request will be considered.*
- b) *You will be notified of the amount of the access fee to be paid.*
- c) *The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.*
- d) *If you qualify for exemption of the payment of any fee, please state the reason for exemption*

Reason:	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

<i>Reference number:</i>	
<i>Request received by: (State Rank, Name And Surname of Information Officer)</i>	
<i>Date received:</i>	
<i>Access fees:</i>	
<i>Deposit (if any):</i>	

Signature of Information Officer

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

NOTE:

1. *If your request is granted the*
 - (a) *amount of the deposit, (if any), is payable before your request is processed; and*
 - (b) *requested record/portion of the record will only be released once proof of full payment is received.*
2. *Please use the reference number hereunder in all future correspondence.*

Reference number: _____

TO: _____

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body (<i>including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form</i>) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.	
---	--

OR

2. You requested:

Printed copies of the information (<i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i>)	
Written or printed transcription of virtual images (<i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc.</i>)	
Transcription of soundtrack (<i>written or printed document</i>)	
Copy of information on flash drive (<i>including virtual images and soundtracks</i>)	
Copy of information on compact disc drive (<i>including virtual images and soundtracks</i>)	
Copy of record saved on cloud storage server	

3. To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
Cloud share/file transfer	
Preferred language: <i>(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)</i>	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			

• If provided to the requestor	R60.00		
Postage, e-mail, or any other electronic transfer:	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

Yes

No

Hours of search		Amount of deposit (Calculated on one third of total amount per request)	
-----------------	--	--	--

The amount must be paid into the following Bank account:

Name of Bank: _____

Name of account holder: _____

Type of account: _____

Account number: _____

Branch Code: _____

Reference Nr: _____

Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

Information Officer

FORM 4
INTERNAL APPEAL FORM

[Regulation 9]

Reference Number:

PARTICULARS OF PUBLIC BODY				
Name of Public Body				
Name and Surname of Information Officer				
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				
Is the internal appeal lodge on behalf of another person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>				
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED				
<i>(if lodged by a third party)</i>				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
Email Address				

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED <i>(mark the appropriate box with an "X")</i>	
Refusal of request for access	
Decision regarding fees prescribed in terms of section 22 of the Act	
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	
Decision to grant request for access	
GROUND FOR APPEAL <i>(If the provided space is inadequate, please continue on a separate page and attach it to this form, all the additional pages must be signed)</i>	
State the grounds on which the internal appeal is based	
State any other information that may be relevant in considering the appeal	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Appellant/Third party

FOR OFFICIAL USE
OFFICIAL RECORD OF INTERNAL APPEAL

<i>Appeal received by: (State Rank, Name and Surname of Information Officer)</i>				
<i>Date received:</i>				
<i>Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:</i>	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
OUTCOME OF APPEAL				
<i>Refusal of request for access. Confirmed?</i>	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
<i>Fees (Sec 22). Confirmed?</i>	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
<i>Extension (Section 26(1)). Confirmed?</i>	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
<i>Access (Sec 29(3)). Confirmed?</i>	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		
<i>Request for access granted. Confirmed?</i>	Yes	<input type="checkbox"/>	New decision <i>(if not confirmed)</i>	
	No	<input type="checkbox"/>		

Signed at _____ this _____ day of _____ 20 _____

Relevant Authority

FORM 5
COMPLAINT FORM
[Regulation 10]

NOTE:

1. This form is designed to assist the Requester or Third Party (hereinafter referred to as “the Complainant”) in requesting a review of a Public or Private Body’s response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) (“PAIA”). Please fill out this form and send it to the following email address: **PAIAComplaints@inforegulator.org.za** or complete online complaint form available at **<https://www.inforegulator.org.za>**
2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part F of this complaint form.
3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as “the Body”) an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed **PAIA Form 2** and submit it to the Body.
4. A copy of this Form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. **Please attach copies of the following documents if you have them:**
 - a. Copy of the form to the Body requesting access to records;
 - b. The Body’s response to your complaint or access request;
 - c. Any other correspondence between you and the Body regarding your request;
 - d. Copy of the appeal form, if your complaint relate to a public body;
 - e. The Body’s response to your appeal;
 - f. Any other correspondence between you and the Body regarding your appeal;
 - g. Documentation authorizing you to act on behalf of another person (if applicable);
 - h. Court Order or Court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

CAPACITY OF PERSON/PARTY LODGING A COMPLAINT
(Mark with an "X")

Complainant Personally

Representative of Complainant

Third Party

PREREQUISITES

Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

FOR INFORMATION REGULATOR'S USE ONLY

<i>Received by: (Full names)</i>			
<i>Position:</i>			
<i>Signature:</i>			
<i>Complaint accepted:</i>	Yes		No
<i>Reference Number:</i>			
<i>Date stamp</i>			

Postal address	Facsimile	Other electronic communication <i>(Please specify)</i>

PART A

PERSONAL INFORMATION OF COMPLAINANT

Full Names:			
Identity Number:			
Postal Address:			
Street Address:			
E-Mail Address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		

PART B			
REPRESENTATIVE INFORMATION			
<i>(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)</i>			
Full Names of Representative:			
Nature of representation:			
Identity Number/ Registration Number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact Numbers:	Tel. (B):		Facsimile: <input type="text"/>
	Cellular:		
PART C			
THIRD PARTY INFORMATION			
<i>(Please attach letter of authorisation)</i>			
Type of Body	Private	<input type="checkbox"/>	Public <input type="checkbox"/>
Name of Public / Private Body:			
Registration Number: <i>(If any)</i>			
Name, Surname and Title of person authorised to lodge a complaint:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact Numbers:	Tel. (B):		Facsimile: <input type="text"/>
	Cellular:		
PART D			
BODY AGAINST WHICH THE COMPLAINT IS LODGED			
Type of body	Private	<input type="checkbox"/>	Public <input type="checkbox"/>
Name of public / private body:			
Registration number: <i>(If any)</i>			
Name, Surname, and Title of person you dealt with at the public or private body to try to resolve your complaint or request for access to information:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact Numbers:	Tel. (B):		Facsimile: <input type="text"/>
	Cellular:		
Reference Number given: <i>(If any)</i>			

PART E COMPLAINT				
<i>Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public or private body for response and possible resolution)</i>				
Date on which request for access to records submitted.				
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body.				
Have you attempted to resolve the matter with the organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you receive it? (Please attach the letter to this application.)				
Did you appeal against a decision of the information officer of the public body?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when did you lodge an appeal?				
Have you applied to Court for appropriate relief regarding this matter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order if there is any.				
PART F DETAILED TYPE OF ACCESS TO RECORDS				
<i>(Please select one or more of the following to describe your complaint to the Information Regulator)</i>				
Unsuccessful appeal (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	<i>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>			
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	<i>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>			
Refusal of a request for access (Section 77A(2)(c)(i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>			
The body requires me to pay a fee and I feel it is excessive (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>			
	<i>The tender or payment of a deposit.</i>			
Repayment of the deposit (Section 22(4) of PAIA)	<i>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</i>			
Disagree with time extension (Sections 26 or 57 of PAIA)	<i>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</i>			
Form of access denied (Section 29(3) or 60(a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>			

Deemed refusal (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>	
	<i>Extension period has expired, and no response was received.</i>	
Inappropriate disclosure of a record (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	
No adequate reasons for the refusal of access (Section 56(3)(a) of PAIA)	<i>My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.</i>	
Partial access to record (Section 28(2) or 59(2) of PAIA)	<i>Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	
Fee waiver (Section 22(8) or 54(8) of PAIA)	<i>am exempt from paying any fee and my request to waive the fees was refused.</i>	
Records that cannot be found or do not exist (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist, and I believe that more records do exist.</i>	
Failure to disclose records	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	
No jurisdiction (exercise or protection of any rights) (Section 50(1)(a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	
Frivolous or vexatious request (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	
Other (Please explain)		
PART G		
EXPECTED OUTCOME		
How do you think the Information Regulator can assist you? Describe the result or outcome that you seek		

**PART H
AGREEMENTS**

The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:

- I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.*
- The information in this Complaint Form is true to the best of my knowledge and belief.*
- I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.*
- I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.*
- If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise, my complaint could experience a delay or even be closed.*

Signed at _____ this _____ day of _____ 20 _____

Complainant/Representative/Authorised person of Third party