



FOR OFFICE USE ONLY

Reference Number _____
 Request Received by _____
 On _____ at _____
 Request Fee (if any) R _____
 Deposit (if any) R _____
 Access Fee R _____
 Signature of Information Officer/Principal Officer _____

A. Particulars of Private Body

Information Officer/Principal Officer
 POLMED

B. Particulars of Person Requesting Access to the Record

NOTES

1. The particulars of the person requesting access to the record must be recorded below.
2. Furnish an address and/or fax number in the Republic of South Africa to which information must be sent.
3. Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname _____
 Identity Number _____
 Postal Address _____
 Fax Number _____
 Telephone Number _____
 Email _____

Capacity in which request is made, when made on behalf of another person



C. Particulars of Person on Whose Behalf the Request is Made

NOTE

This section must be completed only if a request for information is made on behalf of another person.

Full Names and Surname _____

Identity Number _____

Postal Address _____

Fax Number _____

Telephone Number _____

Email _____

D. Particulars of Record

NOTES

1. Provide full particulars of the record to which access is requested, including the reference number, if that is known to you, to enable the Scheme to locate the record.
2. If the provided space is inadequate, please continue on a separate folio and attach it to this form. The person requesting the record must sign all the additional folios.

1. Description of record or relevant part of the record

2. Reference number, if available _____



3. Any further particulars of record

E. Fees

NOTES

1. A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee of R50.00** has been paid.
2. The **fee payable for access** to a record depends on the record being requested and the reasonable time required to search for and prepare a record.
3. Please state the reason for the exemption of the payment of any fee if you qualify for an exemption.

Reason for the exemption from payment of fees

F. Form of Access to Record

NOTE

If a disability prevents you from reading, viewing or listening to a record in the form of access provided for in sections 1 to 4 below, please state your disability and indicate in which form the record is required.

Disability

Form in which record is required

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<hr/>	<hr/>
<hr/>	<hr/>



NOTES

1. Mark the appropriate box with an 'X'.
2. Access to the record in the form requested depends on the form in which the record is available.
3. Access in the form requested may be refused in certain circumstances. You will be informed if access will be granted in another form.
4. The fee payable for access to the record, if any, will be determined partly by the form in which access is required.

1. If the record is in printed or written form

<input type="checkbox"/>	Copy of record
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<input type="checkbox"/>	Inspection of record
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**2. If the record consists of visual images
(This includes photographs, slides, video recordings, computer-generated images, sketches, etc.)**

<input type="checkbox"/>	View the images
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<input type="checkbox"/>	Copy of the images*
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<input type="checkbox"/>	Transcription of the images*
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3. If the record consists of recorded words or information that can be reproduced in sound*

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)
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<input type="checkbox"/>	Transcription of soundtrack* (written or printed documents)
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4. If the record is held on a computer or in an electronic or machine-readable form

<input type="checkbox"/>	Printed copy of record
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<input type="checkbox"/>	Printed copy of information derived from the record
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<input type="checkbox"/>	Copy of computer readable form*(USB flash drive or compact disc)
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*If you requested a copy or transcription of a record (above), do you wish for the copy or transcription to be posted to you

Yes No

NOTE: A postal fee is payable.

NOTE

If the record is not available in the language you prefer, access may be granted in the language in which the record is available.



POLMED[®]

OUR INVESTMENT OUR HEALTH OUR FUTURE

**Request for Access to
Records of a Private Body**

Section 53(1) of the Promotion
of Access to Information Act
(2 of 2000)

In which language would you prefer the record _____

G. Particulars of Right to be Exercised or Protected

Indicate which right is to be exercised or protected and explain why the record requested is required for the exercise or protection of the aforementioned right

H. Notice of Decision Regarding Request for Access

NOTE

You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record:

Signed at _____ on this _____ day of _____ 20 _____

Signature of person requesting information/person
on whose behalf the request is made _____