



**COUNCIL FOR MEDICAL SCHEMES**

## **REQUEST FOR ACCESS TO RECORDS OF PUBLIC BODY**

Section 18[1] of the Promotion of Access to Information Act [Act 2 of 2000]

### **FOR OFFICE USE ONLY**

Request received by \_\_\_\_\_ Reference number. \_\_\_\_\_  
On \_\_\_\_\_ at \_\_\_\_\_  
Request fee [if any] R \_\_\_\_\_  
Deposit [if any] R \_\_\_\_\_  
Access fee R \_\_\_\_\_

\_\_\_\_\_  
Signature of Information Officer /  
Deputy Information Officer

### **A. Particulars of public body**

The Information Officer / Deputy Information Officer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **B. Particulars of person requesting access to the record**

- [a] The particulars of the person who requests access to the record must be recorded below.

[b] Furnish an address and/ or fax number in the Republic to which information must be sent.

[c] Proof of the capacity in which the request is made. [If applicable, must be attached]

Full name and surname: \_\_\_\_\_  
\_\_\_\_\_  
Identity number: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
Fax number: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Capacity in which request is made, when made on behalf of another person: \_\_\_\_\_

**C. Particulars of person on whose behalf request is made**

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

Full name and surname: \_\_\_\_\_  
\_\_\_\_\_  
Identity number: \_\_\_\_\_

**D. Particulars of record**

[a] 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.  
[b] If the provided space is inadequate please continue on a separate folio and attach it to this form. **The requester 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

- [a] A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid.
- [b] You will be notified of the amount required to be paid as the request fee.
- [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 therefore.

Reason for exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_

## F. Form of access to record

If you are prevented by a disability to read, view or listen to a record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability: \_\_\_\_\_

\_\_\_\_\_

Form in which record is requested: \_\_\_\_\_

\_\_\_\_\_

Mark the appropriate box with an 'X'

NOTES.

- [a] Your indication as to the required form of access depends on the form in which the record is available.
- [b] Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- [c] 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 in is printed or written form-**

	Copy of record*		Inspection of record
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**2. If record consist if visual images-**

[this includes photographs, slides, video recordings, computer-generated-images, sketches, etc.]

	View the images		Copy of the images*		Transcription of the images*
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**3. If record consist of recorded words or information which can be reproduced in sound-**

	Listen to the soundtrack [audio cassette]		Transcription of soundtrack* [written or printed document]
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**4. If record is held on computer or in an electronic or machine-readable form-**

	Printed copy of record*		Printed copy of information derived from the record*		Copy of computer readable form* [stiffy or compact disc]
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*If you requested copy or transcription of a record [above], do you wish the copy or transcription to be posted to you? <b>A postal fee is payable.</b>		
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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
In which language would you prefer the record? _____

**G. Notice of decision regarding request for access**

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 \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER /  
PERSON ON WHOSE BEHALF  
REQUEST IS MADE