This manual applies to Munich Reinsurance Company of Africa Limited
Registration Number: 1968/006040/06
(“MRoA”)

PAIA and POPI Manual

This manual was prepared in terms of Section 51 of the Promotion of Access to Information Act, 2000 and the Protection of Personal Information Act, 2013
Contents

1. Objective ........................................................................................................................................... 2

2. Nature of MRoA Business .................................................................................................................. 2

3. MRoA Contact Details ...................................................................................................................... 2

4. Subjects and Categories of Information held by MRoA ................................................................. 3

Below is a description of information that is automatically available: ................................................. 4

5 The purpose of PAIA ............................................................................................................................ 4
  5.1 Available in accordance with Legislation ...................................................................................... 4
  5.2 Guide on how to use PAIA .............................................................................................................. 5

6 The Purpose of POPI ........................................................................................................................... 5
  6.1 Duty of MRoA ................................................................................................................................. 5
  6.2 Update of Personal records in terms of POPI .............................................................................. 5
  6.3 Complaint Submission in terms of POPI ....................................................................................... 5
  6.4 Categories of Data Subjects and of the information ..................................................................... 6
  6.5 The recipients or categories of recipients to whom the personal information may be supplied ... 6
  6.6 Transborder flow of personal information ................................................................................... 6
  6.7 Security measures to ensure the confidentiality, integrity and availability of the information ....... 6

7 Request Procedure, Fees and Access in terms of PAIA and POPI ..................................................... 6
  7.1 Definitions: ................................................................................................................................... 6
  7.2 Form of Request in terms of PAIA ............................................................................................... 7
  7.3 Response to request in terms of PAIA .......................................................................................... 7
  7.4 Decision in terms of PAIA .............................................................................................................. 7
  7.5 Remedies available to the requester upon refusal of a request for access in terms of PAIA .......... 8
  7.6 Grounds for refusal of access to information in terms of POPI ................................................. 8

8. Availability of the POPI PAIA Manual ............................................................................................... 9

9. Updating of the POPI PAIA Manual ............................................................................................... 9

Annexure A ............................................................................................................................................ 10
Annexure B ............................................................................................................................................ 11
Annexure C ........................................................................................................................................... 15
Annexure D ........................................................................................................................................... 17
Annexure E ........................................................................................................................................... 19
Annexure F ........................................................................................................................................... 21
1. Objective

The purpose of this Manual is to assist any South African individual or entity wishing to access Munich Reinsurance Company of Africa Limited (“MRoA”) information in terms of the Promotion of Access to Information Act, 2 of 2000 as amended (“PAIA”). In addition, the Protection of Personal Information Act, 4 of 2013 (the “POPI Act”) requires MRoA to inform their South African clients about the manner in which their personal information is stored and processed, if such information is requested.

2. Nature of MRoA Business

MRoA is a registered reinsurer who is licensed to conduct both non-life and life reinsurance business.

Reinsurance is a practice where insurers transfer portions of their risk portfolio to other parties by way of agreement to reduce paying a large obligation resulting from an insurance claim.

3. MRoA Contact Details

<table>
<thead>
<tr>
<th>Name of body</th>
<th>Munich Reinsurance Company of Africa Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of private body</td>
<td>Nico Conradie</td>
</tr>
<tr>
<td>Information Officer</td>
<td>Yolanda Skei</td>
</tr>
<tr>
<td>Deputy Information Officer</td>
<td>Vanisree Gounden</td>
</tr>
<tr>
<td>Physical Address</td>
<td>110 Oxford Road</td>
</tr>
<tr>
<td></td>
<td>Rosebank</td>
</tr>
<tr>
<td></td>
<td>Johannesburg</td>
</tr>
<tr>
<td></td>
<td>2198</td>
</tr>
<tr>
<td>Postal Address</td>
<td>PO Box 6636</td>
</tr>
<tr>
<td></td>
<td>Johannesburg</td>
</tr>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>Telephone</td>
<td>+27 (11) 242-2000</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Legal.Compliance_MRoA@munichre.com">Legal.Compliance_MRoA@munichre.com</a> (pool email)</td>
</tr>
</tbody>
</table>
4. Subjects and Categories of Information held by MRoA

Below is a description of information held by MRoA:

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Description of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Information</td>
<td>Company registrations, Document of Incorporation.</td>
</tr>
<tr>
<td>Compliance Information</td>
<td>Statutory compliance information regarding MRoA.</td>
</tr>
<tr>
<td>Financial Records</td>
<td>Annual Financial Statements, Banking Records, Bank Statements, Asset Registers, Invoices, Accounting Records, Tax Returns, Electronic Banking Records and Tax Records such as :- PAYE Records, Documents issued to employees for Income Tax purposes, Records of payments made to SARS on behalf of employees, All other statutory compliance documents:- VAT, Skills Development Levies, UIF, Workmen's Compensation.</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Disciplinary actions, Job profiles, Training and skills development, Leave records, Disciplinary code, employees contracts.</td>
</tr>
<tr>
<td>Operational Documents and Information</td>
<td>Records relating to operational documents and information administered by MRoA.</td>
</tr>
</tbody>
</table>
| Personal Information         | Not limited to:-  
|                              | • information relating to the education or the medical, financial, criminal or employment history of the person;  
|                              | • any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person;  
|                              | • the biometric information of the person;  
|                              | • correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;  
|                              | • the views or opinions of another individual about the person; and  
|                              | • the name of the person that appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person; |

The information above is not automatically available to the public and each request in terms of section 7 below, will be assessed on individual merit and a decision will be made on each request.
Voluntary disclosure/automatically available information is information which is already in the public domain.

Below is a description of information that is automatically available:

<table>
<thead>
<tr>
<th>Munich Reinsurance Company of Africa Limited</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Johannesburg Offices:</td>
<td>Head Office</td>
</tr>
<tr>
<td></td>
<td>110 Oxford Road, Rosebank</td>
</tr>
<tr>
<td></td>
<td>Johannesburg 2198</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 6636</td>
</tr>
<tr>
<td></td>
<td>Johannesburg 2000</td>
</tr>
<tr>
<td></td>
<td>Tel.: +27 11 242-2000</td>
</tr>
<tr>
<td></td>
<td>Fax: +27 11 242-2200</td>
</tr>
<tr>
<td></td>
<td>Company Registration number 1968/006040/06</td>
</tr>
<tr>
<td>Cape Town Offices:</td>
<td>Regional Office Cape Town, South Africa</td>
</tr>
<tr>
<td></td>
<td>32 Kloof Street</td>
</tr>
<tr>
<td></td>
<td>Gardens</td>
</tr>
<tr>
<td></td>
<td>Cape Town</td>
</tr>
<tr>
<td></td>
<td>8000</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 7104</td>
</tr>
<tr>
<td></td>
<td>Roggebaai 8012</td>
</tr>
<tr>
<td></td>
<td>Tel.: +27 21 417-17 60</td>
</tr>
<tr>
<td></td>
<td>Fax: +27 21 419-67 14</td>
</tr>
<tr>
<td>Directors:</td>
<td>NNN Radebe (Chairman), JN Conradie (Chief Executive), DN Edwards, DP Hughes (UK), HC Kotak (India), BR Mallinson, PA Ramashala, SN Mkhabela.</td>
</tr>
<tr>
<td>Founded:</td>
<td>1968</td>
</tr>
<tr>
<td>Shareholder:</td>
<td>Munich Re</td>
</tr>
<tr>
<td>Website address:</td>
<td>Munich Re worldwide</td>
</tr>
<tr>
<td>Media releases:</td>
<td>Information published on Munich Re website</td>
</tr>
</tbody>
</table>

5 The purpose of PAIA

PAIA prescribes that private bodies must have an information manual for people to gain access to information held by the private bodies. The MRoA manual serves as a guide on how to request information from MRoA.

5.1 Available in accordance with Legislation

The records that are available in terms of legislation are the following:

<table>
<thead>
<tr>
<th>Category of Records</th>
<th>Applicable Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRoA PAIA and POPI Manual</td>
<td>Promotion of Access to Information Act 2 of 2000</td>
</tr>
</tbody>
</table>
5.2 Guide on how to use PAIA

The Information Regulator has in terms of section 10(1) of PAIA updated and made available the revised guide on how to use PAIA (“Guide”). Copies of the Guide in English and Sepedi are available for inspection at MRoA registered address and at the Information Regulator’s office during normal office hours and also available upon written request to the Information Regulator and to MRoA using the form as per Annexure A. The information contained in the Guide is for persons who wish to exercise any right contemplated in PAIA and POPI Act. Any enquiries regarding the Guide, should be directed to:-

<table>
<thead>
<tr>
<th>Name of body</th>
<th>The Information Regulator</th>
</tr>
</thead>
</table>
| Address               | JD House, 27 Stiemens Street  
                         | Braamfontein  
                         | Johannesburg  
                         | 2001          |
| Telephone             | +27 10 023 5200            |
| Website               | www.justice.gov.za        |
| E-mail                | PAIACompliance.IR@justice.gov.za |

6 The Purpose of POPI

The POPI Act prescribes that a responsible party must have processes in place to assist the data subject in requesting their information for correction or deletion of personal information or destruction or deletion of record of personal information.

6.1 Duty of MRoA

MRoA processes personal information for reinsurance purposes and to fulfil contractual duties. MRoA has a duty to render reasonable assistance to the data subject and to maintain and monitor the data subjects personal information as required by the regulations. This manual is provided by the Information Officer upon request by any person at a fee determined by the Regulator.

6.2 Update of Personal records in terms of POPI

A data subject who wishes to request a correction or deletion of personal information or the destruction or deletion of record of personal information must complete and submit the prescribed form as set out in Annexure E.

6.3 Complaint Submission in terms of POPI

Any person who wishes to submit a complaint regarding their personal information must submit a complaint to the Regulator on Part I of the form in Annexure F. A data subject who wishes to submit a complaint must submit such a compliant to the Regulator on Part II of the form in Annexure F.
6.4 Categories of Data Subjects and of the information

<table>
<thead>
<tr>
<th>Category of Data Subjects</th>
<th>Personal information that may be processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>Name, address, registration numbers or identity numbers and bank details</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Names, registration number, vat numbers, address and bank details</td>
</tr>
<tr>
<td>Employees</td>
<td>Address, qualifications, gender and race, identity number and bank details</td>
</tr>
</tbody>
</table>

6.5 The recipients or categories of recipients to whom the personal information may be supplied

<table>
<thead>
<tr>
<th>Category of personal information</th>
<th>Recipients to whom the personal information may be supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information relating to the education, financial, criminal or employment history of the person</td>
<td>South African Police Services, South African Qualifications Authority</td>
</tr>
<tr>
<td>Identity number, names, location, medical and financial history</td>
<td>Retrocessionaries, external advisors</td>
</tr>
<tr>
<td>Company names, registration details, contact details, B-BBEE status and banking details</td>
<td>External advisors, contractors and subcontractors</td>
</tr>
</tbody>
</table>

6.6 Transborder flow of personal information

MRoA hosts personal information on global IT platforms and transfer personal information across country borders for legitimate business purposes.

MRoA only transfers personal information to a third party who is in a foreign country if the third party who is the recipient of the information is subject to a law, binding corporate rules or binding agreement which provide adequate level of protection.

6.7 Security measures to ensure the confidentiality, integrity and availability of the information

MRoA secures the integrity and confidentiality of personal information in its possession or under its control by taking appropriate, reasonable technical and organisational measures to prevent loss, damage or unauthorised destruction of personal information and unlawful access to or processing of personal information.

7 Request Procedure, Fees and Access in terms of PAIA and POPI

7.1 Definitions:-

**Personal Requester in terms of PAIA**
A requester who seeks access to a record containing personal information pertaining to him-/herself (this includes a data subject) is exempted from paying the requester’s fee.

Whilst there is no fee in assisting the personal requester, MRoA will charge an administration free (for photocopies etc).

**Data Subject in terms of POPI**
The person to whom personal information relates.

**A Requester in terms of PAIA**
Anyone who requests information on behalf of the personal requester will pay R50.00 as prescribed by the PAIA Act.

**Working days in terms of PAIA**
Means any days other than Saturdays, Sundays or public holidays, as defined in section 1 of the Public Holidays Act 36 of 1994.

## 7.2 Form of Request in terms of PAIA

Records held by MRoA may be accessed on request by the requester only once the requirements for access have been met in the prescribed form enclosed herewith in Annexure B and those records requested are not subject to the refusal grounds provided for under the regulatory requirements.

The form must be hand-delivered, posted, or sent via email to MRoA contact details as described in section 3 above.

When the request is made to MRoA, the requesters must state the right that is implicated (in terms of law) and explain why the record is required for the exercise or protection of that specific right.

Where the request is made in the capacity of authorised persons (on behalf of someone), proof of the capacity in which the person making the request must be provided (known as the authorised person).

The requester must provide information that makes it reasonably easy for the Information Officer to identify:-

- The record/s requested;
- The identity of the requester;
- What form of access is required; and
- The postal address or email address of the requester.

## 7.3 Response to request in terms of PAIA

Upon receipt of the request, MRoA will investigate and make a decision on whether to grant or decline a request. MRoA has a period of 30 working days from receipt to make a decision and communicate the outcome to the requester.

The Information Officer may request an extension to the 30-day period, from the requester where there is:-

- A large volume of documents,
- Consultation with other entities is required, or
- Where the requester has agreed to the extension request in writing.

## 7.4 Decision in terms of PAIA

A written decision will be communicated to the requester in writing in terms of PAIA and POPI, the decision could be:-
a. **Granted**

When the request is granted the Information Officer will notify the requester of the form in which access will be given and the amount of the access fee once access is provided to the requester.

b. **Denied**

Where the request is denied, the Information Officer will provide a written correspondence to the requester and will state the reasons for refusal.

7.5 **Remedies available to the requester upon refusal of a request for access in terms of PAIA**

**Internal Appeal**

If a requester is aggrieved by the refusal of the Information Officer to grant a request for a record, the requester may exercise remedies at their disposal, refer to Annexure D.

**External Appeal**

In terms of PAIA, if a requester is aggrieved by the access fee or refusal of the Information Officer to grant a request for a record, the requester may within 30 days of notification apply to the court for relief. Likewise, a third party dissatisfied with the information officer’s decision to grant a request for information, may within 30 days of notification of the decision, apply to a court for relief.

7.6 **Grounds for refusal of access to information in terms of POPI**

a. **Protection of the privacy of a third party**

In order to protect the right to privacy of a third party who is a natural person, the Information Officer will assess whether releasing the information requested by the requester would involve the unreasonable disclosure of personal information.

b. **Protection of commercial information of a third party**

The Information Officer can refuse access to information if releasing that information would cause harm to the commercial or financial interests of the business. The following commercial information cannot be disclosed by an Information Officer (includes but not limited to):-

- Trade Secrets;
- Financial, commercial, scientific, research or technical information about a third party which, if released, would cause harm to the third party; and
- Information which had been supplied in confidence to the third party.

c. **Protection of confidential information**

An Information Officer must refuse access to a record if the release of the record will amount to a breach of a duty of confidentiality owed to a third party in terms of an agreement or contract.
8 Availability of the POPI PAIA Manual

A copy of this manual is available on the Munich Re website (www.munichre.com).

9 Updating of the POPI PAIA Manual

This manual will be updated as and when necessary.
Annexure A

REQUEST FOR COPY OF THE GUIDE

(Section 10 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 2 and 3]

A. Particulars of private body

The Information Officer:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_______________________________________________________________

(Address)

Email Address: ___________________________________________
Fax Number: ______________________________________________

I, Full Names:
In my capacity as (Mark with “X”):
Name of Private Body:
Postal Address:
Street Address:
E-mail Address:
Facsimile:
Contact Numbers: Tel.(B): Cellular:

hereby request the following copy(ies) of the Guide:

<table>
<thead>
<tr>
<th>Language (Mark with “X”)</th>
<th>Number of Copies</th>
<th>Language (Mark with “X”)</th>
<th>Number of Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepedi</td>
<td></td>
<td>Sesotho</td>
<td></td>
</tr>
<tr>
<td>Setswana</td>
<td></td>
<td>siSwati</td>
<td></td>
</tr>
<tr>
<td>Tshivenda</td>
<td></td>
<td>Xitsonga</td>
<td></td>
</tr>
<tr>
<td>Afrikaans</td>
<td></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td>isiNdebele</td>
<td></td>
<td>isiXhosa</td>
<td></td>
</tr>
<tr>
<td>isiZulu</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Manner of Collection:
(Mark with “X”)

Personal Collection: Postal Address: Street Address (Postal Address): Street Address (Courier): E-mail: Facsimile:

Signed at __________________ this __________________ day of __________________ 20________

_____________________________
Signature of Requester
Annexure B

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 7]

A. Particulars of private body
The Information Officer:
_________________________________________________________________________________  
_________________________________________________________________________________
(Address)

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 email address 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 names surname:____________________________________________________________   
_________________________________________________________________________________
Identity number : _________________________________________________________________
Postal address: ____________________________________________________________________  
_________________________________________________________________________________
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 names surname:_________________________________________________________________  
_________________________________________________________________________________
Identity number :_______________________________________________________________

MRoA
Promotion of Access to Information & Protection of Personal Information Manual
D. Particulars of record

a. Provide full particulars of the record to which access reference number 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. Type of Record

Mark the appropriate box with an “X”

Record is in written or printed form

Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Record consists of recorded words which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

F. Form of Access

Mark the appropriate box with an “X”
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)

Copy of record on compact disc drive (including virtual images and soundtracks)

### G. Manner of Access

Mark the appropriate box with an “X”

- Personal inspection of record at registered address of public/private body (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)
- Postal services to postal address
- Postal services to street address
- Courier service to street address
- Facsimile of information in written or printed format (including transcriptions)
- E-mail of information (including soundtracks if possible)

Preferred language:
(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)

### H. Particulars of right to be exercised or protected

1. Indicate which right is to be exercised or protected.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Explain why the record requested is required for the exercise or protection of the aforementioned right.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

### I. 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 my fee, please state the reason therefor.
Reason for exemption from payment of fees:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

J. Form of access to record

If you are prevented by a disability to read, view or listen to the 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 required:________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

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:

<table>
<thead>
<tr>
<th>Postal Address</th>
<th>Post to Street Address</th>
<th>Facsimile</th>
<th>E-mail</th>
</tr>
</thead>
</table>

Signed at ____________________ this ___________ day of ________________ 20 _________

Signature of requester / person on whose behalf request is made
Annexure C

OUTCOME OF REQUEST AND OF FEES PAYABLE

(Section 54 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 8]

Notes:

a. If your request is granted the—
   i. amount of the deposit, (if any) is payable before your request is processed; and
   ii. requested Guide/portion of the Guide/record, will only be released once proof of full payment is received.

b. Please use the reference number hereunder in all future correspondence.

TO: ____________________________________________          Reference Number:____________
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

Your request dated___________, refers.

Mark with an “X”

1. You Requested

   Personal inspection of information at registered address of private body
   (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 ) which 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.

OR

2. You Requested:

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

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 (including transcriptions)
   E-mail of information (including soundtracks if possible)
   Preferred language:
(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)

Kindly note that your request has been:

Mark with “X”

Approved

Denied

Denied, for the following reasons:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

4. Fees payable with regards to your request:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost per A4-size page or part thereof/item</th>
<th>Number of pages/items</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of Guide</td>
<td>R3.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopy</td>
<td>R3.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printed copy</td>
<td>R4.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy in a computer-readable form on:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Flash drive</td>
<td>R0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Compact disc</td>
<td>56.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcription of visual images</td>
<td>Service to be outsourced. Will depend on quotation from Service provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of visual images</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transcription of an audio record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of an audio record</td>
<td>R56.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td>Actual cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deposit payable (if search exceeds six hours):

Mark the appropriate box with an “X”

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Number of Hours: Amount of Deposit: (Calculated on one third of total amount per request)

Banking details will be provided to those who require it.

Signed at ____________________ this ___________ day of ________________ 20 ________

________________________________________
### Annexure D

#### LODGING OF AN INTERNAL APPEAL

(Section 74 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 9]

Reference Number: __________________

<table>
<thead>
<tr>
<th>PARTICULARS OF PRIVATE BODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of public body:</td>
</tr>
<tr>
<td>Name and surname of information officer:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICULARS OF APPELLANT WHO LODGES THE INTERNAL APPEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full names:</td>
</tr>
<tr>
<td>Identity number:</td>
</tr>
<tr>
<td>Postal address:</td>
</tr>
<tr>
<td>Contact numbers:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
<tr>
<td>Is the internal appeal lodged on behalf of another person?</td>
</tr>
</tbody>
</table>

If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)

<table>
<thead>
<tr>
<th>PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full names:</td>
</tr>
<tr>
<td>Identity number:</td>
</tr>
<tr>
<td>Postal address:</td>
</tr>
<tr>
<td>Contact numbers:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
</tbody>
</table>

#### DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED

(mark the appropriate box with an "X")

- 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: [ ]

#### GROUNDS FOR APPEAL

(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.)

State the grounds on which the internal appeal is based:

---

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

<table>
<thead>
<tr>
<th>Postal Address</th>
<th>Post to Street Address</th>
<th>Facsimile</th>
<th>E-mail</th>
</tr>
</thead>
</table>

Signed at ____________________ this ___________ day of ________________ 20 _________

Signature of appellant/Third party
Annexure E

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [Regulation 3]

Note:

1. Affidavits or other documentary evidence as applicable in support of the request may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Mark the appropriate box with an "x"

Request for:

- Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party. Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

- Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

<table>
<thead>
<tr>
<th>A</th>
<th>DETAILS OF THE DATA SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) and surname / registered name of data subject:</td>
<td></td>
</tr>
<tr>
<td>Unique Identifier/Identity Number:</td>
<td></td>
</tr>
<tr>
<td>Residential, postal or business address:</td>
<td></td>
</tr>
<tr>
<td>Code ( )</td>
<td></td>
</tr>
<tr>
<td>Contact number(s):</td>
<td></td>
</tr>
<tr>
<td>E-mail address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>DETAILS OF RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) and surname/ Registered name of responsible party:</td>
<td></td>
</tr>
<tr>
<td>Residential, postal or business address:</td>
<td></td>
</tr>
</tbody>
</table>
C INFORMATION TO BE CORRECTED/ DELETED/ DESTRUCTED/ DESTROYED

D REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.
(Please provide detailed reasons for the request)

Signed at ___________________________ this ___________________ day of ___________________ 20___

____________________________________________________
Signature of appellant/Third party
Annexure F

COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION/COMPLAINT REGARDING DETERMINATION OF AN ADJUDICATOR IN TERMS OF SECTION 74 OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018
[Regulation 7]

Note:
1. Affidavits or other documentary evidence as applicable in support of the request may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Mark the appropriate box with an "X".
Complaint regarding:

☐ Alleged interference with the protection of personal information

☐ Determination of an adjudicator.

<table>
<thead>
<tr>
<th>PART I</th>
<th>ALLEGED INTERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION IN TERMS OF SECTION 74(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (Act No. 4 of 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>PARTICULARS OF COMPLAINANT</td>
</tr>
</tbody>
</table>
### PART II
**COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74(2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

#### A
**PARTICULARS OF COMPLAINANT**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) and surname/registered name of data subject:</td>
<td></td>
</tr>
<tr>
<td>Unique Identifier/Identity Number:</td>
<td></td>
</tr>
<tr>
<td>Residential, postal or business address:</td>
<td></td>
</tr>
<tr>
<td>Code ( )</td>
<td></td>
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<tr>
<td>Contact number(s):</td>
<td></td>
</tr>
<tr>
<td>E-mail address:</td>
<td></td>
</tr>
</tbody>
</table>

#### B
**PARTICULARS OF ADJUDICATOR AND RESPONSIBLE PARTY**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) and surname of adjudicator:</td>
<td></td>
</tr>
<tr>
<td>Name(s) and surname of responsible party/registered name:</td>
<td></td>
</tr>
</tbody>
</table>
Residential, postal or business address: 

| Code ( ) |

Contact number(s):

E-mail address:

<table>
<thead>
<tr>
<th><strong>C</strong></th>
<th><strong>REASONS FOR COMPLAINT (Please provide detailed reasons for the grievance)</strong></th>
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</thead>
<tbody>
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</tbody>
</table>

Signed at ___________________________ this __________________________ day of _____________________ 20___

____________________________________
Signature of data subject/ designated person