



PRACTICE PERFECT MEDICAL SOFTWARE (PTY) LTD

This manual has been prepared in terms of the section 51 of the Promotion of Access to Information Act 2 of 2000 and to address the requirements of the Protection of Personal Information Act 4 of 2014.

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1. DEFINITIONS

Client	any natural or juristic person that received or receives services from the Company
Conditions for Lawful Processing	the conditions for the lawful processing of Personal Information as fully set out in chapter 3 of POPI and in paragraph 12 of this Manual
Data Subject	the person to whom personal information relates
Information Officer	the individual who is identified in paragraph 3 of this manual
Manual	this manual
PAIA	the Promotion of Access to Information Act 2 of 2000
Personal Information	means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to— <ol style="list-style-type: none">a. information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;b. information relating to the education or the medical, financial, criminal or employment history of the person;

- c. any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
- d. the biometric information of the person;
- e. the personal opinions, views or preferences of the person;
- f. 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;
- g. the views or opinions of another individual about the person; and
- h. the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person

Personnel

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

POPI

the Protection of Personal Information Act 4 of 2013

POPI Regulations

the regulations promulgated in terms of section 112(2) of POPI

Private Body means—

- a. a natural person who carries or has carried on any trade, business or profession, but only in such capacity;
- b. a partnership which carries or has carried on any trade, business or profession; or
- c. any former or existing juristic person, but excludes a public body

Processing means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including—

- a. the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;
- b. dissemination by means of transmission, distribution or making available in any other form; or
- c. merging, linking, as well as restriction, degradation, erasure or destruction of information

SAHRC the South African Human Rights Commission

Any other terms not described herein will have the meaning as ascribed to it in terms of PAIA or POPI.

2. INTRODUCTION

1. For the purpose of POPI and PAIA, Practice Perfect Medical Software (Pty) Ltd is defined as a private body. In accordance with the company's obligations in terms of POPI and PAIA, Practice Perfect Medical Software (Pty) Ltd has produced this manual.
2. This manual sets out all information required by both PAIA and POPI.
3. This manual also deals with how requests are to be made in terms of PAIA.
4. This manual also establishes how compliance with POPI is to be achieved.

3. CONTACT DETAILS

Name:	Practice Perfect Medical Software (Pty) Ltd
<u>Registration Number:</u>	2005/005568/07
<u>Physical Address:</u>	Unit 6, Prosperitas Building Tijgervallei Office Park Silverlakes Pretoria
<u>Postal Address:</u>	P O Box 1637 Hillcrest Kwa-Zulu Natal 3650
<u>Contact Number:</u>	082 769 4348
<u>Information Officer:</u>	Andre Steenkamp
<u>Email address:</u>	info@practiceperfect.co.za

Background information of the company can be found at:

<https://www.practiceperfect.co.za/>

4. GUIDE OF THE INFORMATION REGULATOR

1. A guide to PAIA and how to access information in terms of PAIA has been published pursuant to section 10 of PAIA.
2. The guide contains information required by an individual who may wish to exercise their rights in terms of PAIA.
3. Should you wish to access the guide you may request a copy from the Information Officer by submitting **ANNEXURE A**, attached hereto, to the details specified above.
4. You may also inspect the guide at the Company's offices during ordinary working hours.
5. You may also request a copy of the guide from Information Regulator at the following details:

Information Regulator:

Postal Address: P.O. Box 31533, Braamfontein, Johannesburg, 2017

Telephone: (010) 023 5200

Website: www.justice.gov.za

Email: PAIACompliance.IR@justice.gov.za

5. LATEST NOTICES IN TERMS OF SECTION 52(2) OF PAIA

1. At this stage no Notice(s) has / have been published on the categories of records that are available without having to request access to them in terms of PAIA.

6. AVAILABILITY OF CERTAIN RECORDS IN TERMS OF PAIA

1. The company holds and/or process the following records for the purposes of PAIA and POPI.

2. The following records may be requested, however it should be noted that there is no guarantee that the request will be honoured. Each request will be evaluated in terms of PAIA and any other applicable legislation.

Products and/or Services:

- All products and services are available freely on the Company's website as set out above.

Human Resources:

- Employment Contracts
- Personnel records and correspondence
- Training records
- Internal policies

Legal:

- Agreements with Clients
- Agreement with Suppliers
- Partnership agreements
- Licenses and Permits
- Power of Attorneys
- Sale agreements
- Lease agreements
- Risk Documentation
- Charters and Codes of Conduct

Company Secretarial:

- Memorandum of Incorporation
- Secretarial records
- Tradename registrations
- Company registration documents
- Statutory registers
- Minutes of Director's meetings

- Register of Directors
- Share Certificates

Financial:

- Accounting records
- Annual reports
- Interim reports
- Auditor details and reports
- Tax returns
- Insurance records

Client:

- Client database
- Correspondence with clients
- Documentation prepared for clients.
- Invoices, receipts, credit and debit notes

Marketing:

- Published Marketing material

Miscellaneous:

- Internal Correspondence
- Information technology records
- Domain name registrations
- Website information

7. RECORDS AVAILABLE IN TERMS OF OTHER LEGISLATION

Practice Perfect Medical Software (Pty) Ltd may be in possession of records in terms of the following legislation as and when applicable:

1. Basic Conditions of Employment Act, No. 75 of 1997
2. Children's Act, 38 of 2005

3. Companies Act, No. 71 of 2008
4. Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993
5. Constitution of the Republic of South Africa Act, No. 108 of 1996
6. Electronic Communication and Transactions Act, No. 25 of 2002
7. Employment Equity Act, No. 55 of 1998
8. Financial Intelligence Centre Act, No. 38 of 2001
9. The Labour Relations Act, No. 66 of 1995
10. National Health Act, 61 of 2003
11. Protection of Personal Information Act. No 4 of 2013
12. Promotion of Access to Information Act, No. 2 of 2000
13. Skills Development Levies Act, No. 9 of 1999
14. Unemployment Insurance Act, No. 63 of 2001
15. Value Added Tax Act, No. 89 of 1991
16. Income Tax Act, No. 58 of 1962
17. Occupational Health and Safety Act No. 85 of 1993

8. REQUEST PROCESS

1. An individual who wishes to place a request must comply with all the procedures laid down in PAIA.
2. The requester must complete **ANNEXURE B**, which is attached hereto and submit it to the Information Officer at the details specified above.
3. The prescribed form must be submitted as well as payment of a request fee and a deposit, if applicable to the information officer at the postal or physical address, fax number or electronic mail as is stated herein.
4. The prescribed form must be completed with enough particularity to enable the information officer to determine:
 1. The record(s) requested;
 2. The identity of the requestor;
 3. What form of access is required; and
 4. The postal address or fax number of the requestor.

5. The requestor must state that the records are required for the requestor to exercise or protect a right, and clearly state what the nature of the right is so to be exercised or protected. An explanation of why the records requested is required to exercise or protect the right.
6. The request for access will be dealt with within 30 days from date of receipt, unless the requestor has set out special grounds that satisfies the Information Officer that the request be dealt with sooner.
7. The period of 30 days may be extended by not more than 30 additional days, if the request is for a large quantity of information, or the request requires a search for information held at another office of the Company and the information cannot be reasonably obtained within 30 days. The information officer will notify the requestor in writing should an extension be necessary.
8. The requestor will be informed in writing whether access to the records have been granted or denied. If the requestor requires a reason for the decision the request must be expressed in the prescribed form, the requestor must be further stated what particulars of the reasoning the requestor requires.
9. If a requestor has requested the records on another individual's behalf, the requestor must submit proof of the capacity the requestor submits the request in, to the satisfaction of the information officer.
10. Should the requestor have any difficulty with the form or the process laid out herein, the requestor should contact the Information Officer for assistance.
11. An oral request can be made to the Information Officer should the requestor be unable to complete the form due to illiteracy or a disability. The Information Officer will complete the form on behalf of the requestor and provide a copy of the form to the requestor.

9. GROUNDS FOR REFUSAL

The following are grounds upon which the company may, subject to the exceptions in Chapter 4 of PAIA, refuse a request for access in accordance with Chapter 4 of PAIA:

- a) Mandatory protection of the privacy of a third party who is a natural person, including a deceased person, where such disclosure of Personal Information would be unreasonable
- b) Mandatory protection of the commercial information of a third party, if the Records contain:
 - i. Trade secrets of that third party;
 - ii. Financial, commercial, scientific or technical information of the third party, the disclosure of which could likely cause harm to the financial or commercial interests of that third party; and/or
 - iii. Information disclosed in confidence by a third party to The company, the disclosure of which could put that third party at a disadvantage in contractual or other negotiations or prejudice the third party in commercial competition;
- c) Mandatory protection of confidential information of third parties if it is protected in terms of any agreement;
- d) Mandatory protection of the safety of individuals and the protection of property;
- e) Mandatory protection of records that would be regarded as privileged in legal proceedings;
- f) Protection of the commercial information of the company, which may include:
 - i. Trade secrets;
 - ii. Financial/commercial, scientific or technical information, the disclosure of which could likely cause harm to the financial or commercial interests of the company;
 - iii. Information which, if disclosed, could put the company at a disadvantage in contractual or other negotiations or prejudice the company in commercial competition; and/or
 - iv. Computer programs which are owned by the company, and which are protected by copyright and intellectual property laws;

- v. Research information of the company or a third party, if such disclosure would place the research or the researcher at a serious disadvantage; and
- vi. Requests for Records that are clearly frivolous or vexatious, or which involve an unreasonable diversion of resources.

10. REMEDIES SHOULD A REQUEST BE REFUSED

1. Practice Perfect Medical Software (Pty) Ltd does not have an internal appeal procedure in light of a denial of a request, decisions made by the information officer is final;
2. The requestor may in accordance with sections 56(3) (c) and 78 of PAIA, apply to a court for relief within 180 days of notification of the decision for appropriate relief.

11. FEES

The following fees shall be payable upon request by a requestor:

	<u>Description</u>	<u>Fee</u>
1.	Request fee (payable on every request)	R140.00
2.	Photocopy of an A4 page or part thereof	R2.00
3.	Printed copy of an A4 page or part thereof	R2.00
4.	Hard copy on flash drive (flash drive to be provided by requestor)	R40.00
5.	Hard copy on a compact disc (compact disc to be provided by requestor)	R40.00
6.	Hard copy on a compact disc (compact disc to be provided by the company)	R60.00
7.	Transcription of visual images per A4 page	As per quotation of service provider

8.	Copy of visual images	As per quotation of service provider
9.	Transcription of an audio record per A4 page	R24.00
10.	Copy of an audio record on flash drive (flash drive to be provided by requestor)	R40.00
11.	Copy of an audio on a compact disc (compact disc to be provided by requestor)	R40.00
12.	Copy of an audio on a compact disc (compact disc to be provided by the Company)	R60.00
13.	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	R145.00
14.	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 (cannot exceed total cost)	R435.00
15.	Postage, email or any other electronic transfer	Actual expense, if any.

12. POPI

Conditions for lawful processing:

1. POPI has eight conditions for lawful processing and includes:
 - a) Accountability
 - b) Processing limitation
 - c) Purpose specification
 - d) Further processing limitation
 - e) Information quality
 - f) Openness
 - g) Security safeguards
 - h) Data subject participation

2. Practice Perfect Medical Software (Pty) Ltd is involved in the following types of processing:

- a) Collection
- b) Recording
- c) Organization
- d) Structuring
- e) Storage
- f) Adaptation or alteration
- g) Retrieval
- h) Consultation
- i) Use
- j) Disclosure by transmission
- k) Dissemination or otherwise making available
- l) Alignment or combination
- m) Restriction
- n) Erasure
- o) Destruction

3. Practice Perfect Medical Software (Pty) Ltd processes information for the following purposes:

- a) to fulfil agreements in relation to its employees;
- b) to provide products to its clients in accordance with terms agreed to by client;
- c) to undertake activities related to the provision of products and services, such as:
 - i. to fulfil domestic legal, regulatory and compliance requirements
 - ii. to verify the identity of customer representatives who contact the company or may be contacted by the company;

- iii. for risk assessment, information security management, statistical, trend analysis and planning purposes;
 - iv. to enforce or defend the company or the company affiliates' rights;
 - v. to manage the company's relationship with its clients, which may include providing information to its clients and its clients affiliates about the company's and the company affiliates' products and services;
 - vi. the purposes related to any authorised disclosure made in terms of agreement, law or regulation;
 - vii. any additional purposes expressly authorised by the company's client;
 - viii. any additional purposes as may be notified to the client or data subjects in any notice provided by the company.

2. The company processes personal information the following categories of data subjects:
 1. Juristic persons –
 - a) Clients
 - b) Suppliers
 2. Natural persons –
 - a) Individuals
 - b) Staff
 - c) Clients
 - d) Suppliers

3. Practice Perfect Medical Software (Pty) Ltd processes the following categories personal information:
 - a) Client profile information;
 - b) Bank account details;
 - c) Payment information;
 - d) Client representative's information;

- e) Names;
 - f) Email Addresses;
 - g) Telephone numbers;
 - h) Facsimile numbers;
 - i) Physical addresses;
 - j) Tax numbers;
 - k) Identity Numbers; and
 - l) Health information
4. Recipients of Personal Information:
- a) The company, the company's affiliates, their respective representatives
5. When making authorised disclosures or transfers of personal information in terms of Section 72 of POPI, personal information may be disclosed to recipients in countries that do not have the same level of protection for personal information as South Africa does.
6. The following security measures are implemented by the company:
- a) The company implements numerous security measures to protect personal information that is stored electronically and physically.
 - b) The company ensures that appropriate security measures are taken and updates these measures on a regular basis.
 - c) The company have also implemented various policies for additional security for personal information stored both physically and electronically.
 - d) The personal information that is stored physically is protected as follows:
 - i. Where physical records of the data exist, such records will be stored in a secure area that can be 'locked-away' as to avoid a breach of the personal information.
 - ii. Such physical data records will be 'locked-away' and secured when not in use.
7. The company may share personal information with third parties and in certain instances this may result in cross border flow of the personal

information. The personal information will always be subject to protection, not less than the protection it is afforded under the Protection of Personal Information Act No.4 of 2013.

8. Objection to the processing of personal information by a data subject:
 - a) Section 11(3) of POPI and regulation 2 of the POPI regulations provides that a data subject may, at any time object to the processing of their personal information in the prescribed form attached to this manual as **ANNEXURE "B"**.

9. Request for correction or deletion of personal information:
 - a) Section 24 of POPI and regulation 3 of the POPI regulations provides that a data subject may request for their personal information to be corrected and/or deleted in the prescribed form attached hereto as **ANNEXURE "C"**.

SIGNATURE INFORMATION OFFICER

SIGNATURE:  _____

DATE: 28 October 2023

ANNEXURE A

FORM 1

REQUEST FOR A COPY OF THE GUIDE

[Regulations 3]

TO: The Information Officer

I,

Full Names:			
In my capacity as (<i>mark with "X"</i>):	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(ies) of the Guide:

Language (<i>mark with "X"</i>):	No of Copies	Language (<i>mark with "X"</i>):	No of Copies
Sepedi		Sepedi	
Setswana		Setswana	
Tshivenda		Tshivenda	
Afrikaans		Afrikaans	
isiNdebele		isiNdebele	
isiZulu		isiZulu	
English X		English	

Manner of Collection (*mark with "X"*):

Personal Collection	Postal Address	Facsimile	Electronic Communication (Please Specify)

Signed at _____ this _____ day of _____ 20 _____.

Signature of Requester

ANNEXURE B

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulations 7]

NOTE:

Proof of identity must be attached by the requester.

If requests made on behalf of another person, proof of such authorization, must be attached to this form.

TO: The 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 Name of person on whose behalf request is made (if applicable):				
Identity Number:				
Postal Address:				
Street Address:				
E-mail Address:				
Contact Numbers:	Tel. (B):		Facsimile:	
	Cellular:			

PARTICULARS OF RECORD REQUESTED

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.)

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	<input type="checkbox"/>

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	
<i>If the provided space is inadequate, please continue on a separate page and attach it to the Form. The requester must sign all the additional pages.</i>	
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	
<p><i>A request fee must be paid before the request will be considered.</i></p> <p><i>You will be notified of the amount of the access fee to be paid.</i></p> <p><i>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.</i></p> <p><i>If you qualify for exemption of the payment of any fee, please state the reason for exemption.</i></p>	
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 (Please Specify)

Signed at _____ this _____ day of _____ 20 _____.

Signature of Requester / Person on whose behalf request is made

FOR OFFICAL 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

ANNEXURE C

FORM 1

OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION
IN TERMS OF SECTION 11(3) OF THE
PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE
PROTECTION OF PERSONAL INFORMATION,
2017

[Regulation 2(1)]

Note:

*Affidavits or other documentary evidence in support of the objection must be attached.
If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*

Reference Number _____

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	
	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

REASONS FOR OBJECTION <i>(Please provide detailed reasons for the objection)</i>

Signed at _____ this _____ day of _____ 20 _____.

Signature of Data Subject (Applicant)

ANNEXURE D

FORM 2

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, 2017

[Regulation 3(2)]

NOTE:

Affidavits or other documentary evidence in support of the request must be attached.

If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

Reference Number _____

Mark the appropriate box with an "x"

Request For:

Correction or deletion of 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 authorized to retain the record of information.

DETAILS OF DATA SUBJECT	
Name and Surname of Data Subject	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	

DETAILS OF RESPONSIBLE PARTY	
Name and Surname of Responsible Party (if the Responsible Party is a natural):	
Residential, postal or business address	
Contact number(s)	
Fax number:	
E-mail address:	
Name of Public Body or Private Body (if Responsible Party not a natural person):	
Business address:	

	Code ()
Contact number(s):	
Fax number:	
e-mail address:	

<p>REASONS FOR</p> <p>*CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/ *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IN IN THE POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY</p> <p><i>(Please provide detailed reasons for the objection)</i></p>

Signed at _____ this _____ day of _____ 20 ____.

Signature of Data Subject

ANNEXURE E

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE [Regulation 8]

If your request is granted –

Amount of the deposit, if any, is payable before your request is processed; and Requested record/ portion of the record will only be released once proof of full payment is received.

Please use the reference number hereunder in all future correspondence.

Reference number: _____

TO: _____

Your request dated _____ refers

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 in Annexure B	
--	--

OR

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 or 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	

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 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:

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: Flash drive To be provided by requestor	R40.00		
Compact disc If provided by requestor	R40.00		
If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will		
Copy of visual images	depend on the quotation of the		
	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			
To be provided by requestor	R40.00		
(ii) Compact disc			
If provided by requestor	R40.00		
If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

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