**FORM C - REQUEST FOR ACCESS TO RECORDS HELD BY DISCOVERY HEALTH MEDICAL SCHEME**

*(In terms of Section 53(1) of the Promotion of Information Act, No 2 of 2000 [Regulation 10]*)

A. **Particulars of Discovery Health Medical Scheme**
   The Information Officer
   Discovery Health Medical Scheme
   Postal Address: PO Box 786722, Sandton, 2146 /
   Physical Address: 16 Fredman Drive, Sandton, 2146

B. **Particulars of Person requesting access to the record**
   a) The particulars of the person who requests access to the records 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 names and Surname: ____________________________________________
Identity Number: ____________________________________________________
Postal Address: _____________________________________________________
Telephone Number: _________________________________________________
Fax Number: _______________________________________________________
E-mail Address: _____________________________________________________

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 and Surname: ____________________________________________
Identity Number: ____________________________________________________
Capacity in which request is made, when made on behalf of another person:
   ________________________________________________________________

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 the Record or relevant part of the record:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Reference number, if applicable:
   ________________________________________________________________
   ________________________________________________________________
3. Any further particulars of the 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 of the request fee. |
| c) | The fee payable for access to a record depends on the form in which the 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 of payment of the fee:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

F. Form of Access to the 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 |

Mark the appropriate box with an “X”

NOTE:

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 requested

1. If the record is in written or printed form:
   - Copy of record*
   - Inspection of record

2. If the record consists of visual images: (This includes photographs, slides, video recordings, computer-generated images, sketches, etc.)
   - View the images
   - Copy of the images
   - Transcription of the images*

3. If the record consists of recorded words or information which can be reproduced in sound:
   - Listen to the Soundtrack (audio cassette)
   - Transcription of soundtrack* (written or printed document)

4. If the 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 in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

Note: A postal fee is payable

G. Particulars of right to be exercised or protected:

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. Indicate which right is to be exercised or protected:

____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________

H. 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 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
# FOR INTERNAL USE ONLY

<table>
<thead>
<tr>
<th>Reference Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Request received by</td>
<td>(Name of the Information Officer / Deputy Information Officer)</td>
</tr>
<tr>
<td>Request Approved: Yes / No</td>
<td>Yes</td>
</tr>
<tr>
<td>Declined: Yes / No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

(if declined) Letter sent on

## FEES PAYABLE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Request fee (if any)</td>
<td></td>
</tr>
<tr>
<td>Deposit (if any)</td>
<td></td>
</tr>
<tr>
<td>Access Fee</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL FEES PAYABLE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Confirmation of fees paid</td>
<td></td>
</tr>
</tbody>
</table>

## SIGNATURE OF INFORMATION OFFICER / DEPUTY INFORMATION OFFICER

____________________________________________________
**FEES**

**Copies of PAIA Manual:**
- Copies of the Discovery Health Medical Scheme PAIA manual are chargeable at a fee of R1.10 for every photocopy on a A4-size page or part thereof.

**Reproduction Fees:**

<table>
<thead>
<tr>
<th>Type of Record</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>For every photocopy of an A4-size page or part thereof</td>
<td>R 1.10</td>
</tr>
<tr>
<td>For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine readable form</td>
<td>R 0.75</td>
</tr>
<tr>
<td>For a copy in a computer-readable form on:</td>
<td></td>
</tr>
<tr>
<td>• Stiffy disc</td>
<td>R 7.50</td>
</tr>
<tr>
<td>• Compact disc</td>
<td>R70.00</td>
</tr>
<tr>
<td>A transcription of visual images, for an A4-size page or part thereof</td>
<td>R40.00</td>
</tr>
<tr>
<td>For a copy of visual images</td>
<td>R60.00</td>
</tr>
<tr>
<td>A transcription of an audio record, for an A4-size page or part thereof</td>
<td>R20.00</td>
</tr>
<tr>
<td>For a copy of an audio record</td>
<td>R30.00 p.h</td>
</tr>
</tbody>
</table>

**Request Fees:**
Where a Requester submits a legitimate request for access to information held by the Bank on a person other than the Requester himself/herself, a request fee in the amount of R50.00 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 Act or an exclusion is determined by the Minister in terms of Section 54 (8).

The applicable access fees payable are:

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<td>R60.00</td>
</tr>
<tr>
<td>A transcription of an audio record, for an A4-size page or part thereof</td>
<td>R20.00</td>
</tr>
<tr>
<td>To search for a record that must be disclosed (per hour of part of an hour reasonably required for such search)</td>
<td>R30.00 p.h</td>
</tr>
<tr>
<td>Where a copy or a record needs to be posted the actual postal fee is payable.</td>
<td></td>
</tr>
</tbody>
</table>
**Deposits:**

Where DHMS receives a legitimate request for access to information held on a person other than the Requester himself/herself and the Information Officer upon receipt of the request is of the opinion that the preparation of the required record of disclosure will take more than 6 (six) hours, a deposit is payable by the Requester.

The amount of the deposit is equal to 1/3 (one third) of the amount of the applicable access fee.

**Note:** In terms of Regulation 8, Value Added Tax (VAT) must be added to all fees prescribed in terms of the Regulations.

*These fees are subject to amendment without notice.*