



# **PAIA MANUAL**

Revision number 2

Effective date January 2022

Access to information manual “Manual” in terms of section 51  
of the Promotion of Access To Information Act No 2 of 2000

Read together with the

Protection Of Personal Information Act, No 4 of 2013

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## 1. INTRODUCTION TO THE PRACTICE

East Coast Radiology is a private radiology practice, which is conducted in accordance with the requirements of the Health Professions Act 56 of 1974 and is subject to the authority of the Health Professions Council of South Africa (“HPCSA”). The practitioners practising at the practice are registered at the HPCSA and provide radiology services within the scope and ambit of their registration, competence and training. The practitioners are bound by the Ethical Rules issued by the HPCSA, which include the duty to preserve patient confidentiality.

## 2. CONTACT DETAILS OF THE PRACTICE

**Practice Name:** East Coast Radiology  
**Practice Number:** 3803414  
**Head of the Practice:** Dr Mark Peter Tarboton and Partners  
**Information Officer:** Mr. H.L. Cronje  
**Physical Address:** 45 St Marks Road, East London, 5200  
**Postal Address:** P.O. Box 7460, East London, 5201  
**Telephone Number:** +27 (0) 43 7222453  
**E-mail address:** [info@eastcoastradiology.co.za](mailto:info@eastcoastradiology.co.za)  
**Website address:** [www.eastcoastradiology.co.za](http://www.eastcoastradiology.co.za)

## 3. GUIDE OF THE INFORMATION REGULATOR

The Information Regulator compiled a Guide, in terms of Section 10 of the Promotion of Access to Information Act 2 of 2000 (“PAIA”), to assist persons wishing to exercise their rights in terms of this Act. This Guide contains, amongst others, the following information:

- The purpose of PAIA;
- The manner, form and costs of a request for access to information held by a body;
- Legal remedies when access to information is denied;
- When access to information may be denied; and
- The contact details of Information Officers in the national, provincial and local government.

The Guide is available in all the official languages on the following website at <https://www.justice.gov.za/infoereg/docs.html> or can be obtained from ourselves or the Information Regulator at:

**Physical address:** JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

**Postal address:** PO Box 31533, Braamfontein, Johannesburg, 2017

**Telephone:** +27 (0) 10 023 5207 / +27 (0) 82 746 4173

**E-mail address:** [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)

**Website:** <https://www.justice.gov.za/infoereg/>

[Please submit PAIA requests on the prescribed form housed under Annexure A.](#)

#### 4. RECORDS HELD BY THE PRACTICE

The practice holds the following categories of records:

##### 4.1 **Records relating to the form and operations of the practice:**

Documents related to the establishment of the practice, a partnership agreement; other statutory records; governance documents (e.g., practice policies, minutes of meetings); practice code number registration and other related documents.

##### 4.2 **Employment records:**

Employment contracts; statutory council registration and related records; conditions of employment and work place policies; skills development plans and training records; salary register; relevant tax records; leave records; medical scheme membership records; essential services' permits and correspondence, disciplinary records and employment policies and procedures and operating manuals.

##### 4.3 **Patient records:**

Medical records; patient forms; payment-related records and correspondence.

##### 4.4 **Referral records:**

Referral notes and reports.

##### 4.5 **Clinical trial / research studies records:**

Records related to clinical trials / research studies.

**4.6 Health and safety records:**

Evacuation plan; health and safety incident reports.

**4.7 Financial records:**

Financial statements; auditors' reports; accounting records; bank statements; electronic banking records; invoices, rental and lease agreements; statements and receipts; remittance advices; VAT records; tax returns and related documentation.

**4.8 Records related to assets:**

Asset register; purchase records; financing and lease agreements; sale and purchase agreements; registers and records kept in terms of the Medicines and Related Substances Act 101 of 1965; stock sheets; delivery notes and orders.

**4.9 Agreements:**

Agreements and related documentation with contractors, consultants, suppliers, vendors, medical schemes, locums and professional assistants; agreements and documents related to clinical trials.

**4.10 Public and private body (e.g., regulators and medical schemes) records:**

Official documents published; benefit schedules and correspondence.

**4.11 Insurance records (including professional indemnity cover):**

Policies, cover, claims and related records.

**5. INFORMATION AVAILABLE IN TERMS OF LEGISLATION**

The practice holds records as may be required in terms of the following legislation subject to the specific protection offered by these laws (this list comprises key laws relating to the practice and is not an exhaustive list of all relevant laws):

- 5.1 Basic Conditions of Employment Act 75 of 1997;
- 5.2 Children's Act 38 of 2005;
- 5.3 Compensation for Occupational Injuries and Diseases Act 130 of 1993;
- 5.4 Consumer Protection Act 68 of 2008;
- 5.5 Disaster Management Act 57 of 2002;
- 5.6 Electronic Communications and Transactions Act 25 of 2002;
- 5.7 Employment Equity Act 55 of 1998;

- 5.8 Hazardous Substances Act 15 of 1973;
- 5.9 Health Professions Act 56 of 1974;
- 5.10 Income Tax Act 58 of 1962;
- 5.11 Labour Relations Act 66 of 1995;
- 5.12 Medical Schemes Act 131 of 1998;
- 5.13 Medicines and Related Substances Act 101 of 1965;
- 5.14 National Health Act 61 of 2003;
- 5.15 Occupational Health and Safety Act 85 of 1993;
- 5.16 Promotion of Access to Information Act 2 of 2000;
- 5.17 Protection of Personal Information Act 4 of 2013;
- 5.18 Road Accident Fund Act 56 of 1996;
- 5.19 Skills Development Levies Act 9 of 1999;
- 5.20 Skills Development Act 97 of 1998;
- 5.21 Unemployment Contributions Act 4 of 2002;
- 5.22 Unemployment Insurance Act 63 of 2001; and
- 5.23 Value Added Tax Act 89 of 1991.

## **6. RECORDS AUTOMATICALLY AVAILABLE**

No notice has been submitted by the practice to the Minister of Justice and Correctional Services regarding the categories of records, which are available without a person having to request access in terms of Section 52(2) of PAIA. However, the information on the website of the practice is automatically available. Access and usage of the information on the website are subject to the Website Terms and Conditions as well as the Privacy Policy of the practice.

## **7. PURPOSE OF PROCESSING PERSONAL INFORMATION**

The practice processes personal information of data subjects for the following purposes:

- 7.1 to conduct and manage the practice in accordance with the law, including the administration of the practice and claiming and collecting payment for services rendered from relevant funders, patients and/or responsible persons / entities;
- 7.2 for treatment and care of patients;
- 7.3 for communication purposes;
- 7.4 for the maintenance of practice records and patients' medical records;
- 7.5 for employment and related matters of employees and other practitioners;

- 7.6 for reporting to persons and bodies, including referring practitioners, as required and authorised in terms of the law or by the data subjects;
- 7.7 for historical, statistical and research purposes;
- 7.8 for clinical trials / research studies;
- 7.9 for enforcement of the practice's rights; and/or
- 7.10 for any other lawful purpose related to the activities of the practice.
- 7.11 Security and surveillance records – CCTV Footage.

## 8. DATA SUBJECTS, THEIR PERSONAL INFORMATION AND POTENTIAL RECIPIENTS OF INFORMATION

The practice holds the personal information in respect of the categories of data subjects specified below as may be relevant in the circumstances. The potential recipients of this information are also specified. Information and records are only disclosed to recipients as may be necessary in the circumstances and authorised in terms of the law or otherwise with the consent of the relevant data subjects.

### 8.1 Practitioners and Employees

#### ***Categories of personal information:***

Full names and surnames; titles; contact details; addresses; identity numbers; passport numbers; date of birth; race; gender; nationality; qualifications; registered professions and categories of registration; statutory council registration numbers; employment and disciplinary related information; positions and job descriptions; Curriculum Vitae (“CVs”) and information included therein; references; relevant health information; COVID-19-related information; health and safety-related incidents; maternity records; children's information; records created in the performance of their duties; leave records; remuneration; employment benefits; absenteeism information; trade union details; bank details; tax numbers and related tax information; next-of-kin details and other confidential correspondence.

#### ***Potential Recipients:***

Other practitioners; relevant employees; South African Revenue Service (“SARS”); relevant statutory and other public bodies (e.g. Department of Employment and Labour; the Board of Healthcare Funders of SA [“BHF”]; Unemployment Insurance Fund [“UIF”]); medical schemes; contractors and suppliers; patients; banks; professional societies; bodies performing peer review;

hospitals; members of the public; legal and professional advisers; attorneys; insurers; law enforcement structures; auditors; executors of estates; potential purchaser of practice.

## 8.2 Job Applicants

### ***Categories of personal information:***

Names and surnames; titles; CVs and information included therein; contact details; addresses; identity numbers; race; gender; nationality; qualifications; registered professions and categories of registration; statutory council registration numbers; employment history and related information; relevant health information; COVID-19 screening information; interview notes; references and correspondence.

### ***Potential Recipients:***

Practitioners; relevant employees; legal and professional advisers; auditors; law enforcement structures; vetting agencies; recruitment agency; and potential purchaser of practice.

## 8.3 Patients

### ***Categories of personal information:***

Names and surnames; titles; marital status; contact details; addresses; identity numbers / dates of birth; age; gender; nationality; employers and their contact details; medical history; health information, including diagnoses and procedures performed; maternity and pregnancy records; photos; COVID-19 screening information; referral notes; clinical trial / research study; participation information; adverse events; next-of-kin / guarantor / authorised person's details; amounts due for services rendered; CCTV footage and confidential correspondence.

### ***Potential Recipients:***

Treating and referring practitioners; relevant employees; relevant statutory and other public bodies (e.g., the Compensation Commissioner, the Road Accident Fund); medical schemes; hospitals; operators; legal and professional advisers; auditors; executors of estates; next-of-kin / guarantor / authorised person; debt collectors; attorneys; law enforcement structures; and potential purchaser of practice.



#### 8.4 Referring Practitioners

***Categories of personal information:***

Names and surnames; titles; contact details; addresses; practice code numbers; registered professions; and correspondence.

***Potential Recipients:***

Practitioners; relevant employees; relevant statutory and other public bodies; medical schemes; auditors; law enforcement structures; legal and professional advisers and potential purchaser of practice.

#### 8.5 Hospitals / Healthcare Facilities

***Categories of personal information:***

Names; contact details; relevant employees' / office bearer' / contact persons' details; website addresses; practice code numbers; hospital/facility privilege-related information and correspondence.

***Potential Recipients:***

Practitioners; relevant employees; auditors; legal and professional advisers and potential purchaser of practice.

#### 8.6 Contractors, Vendors and Suppliers

***Categories of personal information:***

Names and surnames; titles; organisation names and details; relevant employees' / office bearer' / contact persons' details; contact details; addresses; website addresses; opinions; correspondence; COVID-19 screening information (visitors); market information; price structures; financial arrangements and VAT numbers.

***Potential Recipients:***

Practitioners; relevant employees; banks; auditors; legal and professional advisers; law enforcement structures and potential purchaser of practice.

## 8.7 Insurers

### ***Categories of personal information:***

Names and contact details; premiums; benefits and correspondence.

### ***Potential Recipients:***

Practitioners; relevant employees; auditors; legal and professional advisers; relevant public bodies; law enforcement structures and potential purchaser of the practice.

## 8.8 Public and private bodies (e.g., regulators, funders)

### ***Categories of personal information:***

Names; contact details; office bearers; fee / benefit structures; rules; information published in the public domain (e.g., benefit schedules, policies); payment-related information (e.g., invoices, remittances, statements) and correspondence.

### ***Potential Recipients:***

Practitioners; relevant employees; legal and professional advisers; patients; debt collectors; auditors; public; law enforcement structures and potential purchaser of the practice.

## 9. PERSONAL INFORMATION SENT ACROSS THE BORDERS OF THE REPUBLIC OF SOUTH AFRICA

The practice stores electronic information, including personal information of data subjects, in the 'cloud'. Due care is taken in the selection of appropriate 'cloud' service providers to ensure compliance with the law and protect the privacy of data subjects. Primarily information is stored in the Republic of South Africa however the information may be lawfully transferred across the borders; Such transfers may occur to associate entities or third party service providers with whom we do business and whose services and products we elect to use. We will in this regard, endeavour to enter into written agreements to ensure that such other parties comply with the provisions of POPIA and our confidentiality and privacy requirements and transfers of such information will occur in accordance with the requirements of the law.

## **10. SECURITY MEASURES TO PROTECT PERSONAL INFORMATION**

The practice is committed to ensuring the security of the personal information in its possession or under its control in order to protect it from unauthorised processing and access as well as loss, damage or unauthorised destruction. It continually reviews and updates its information protection measures to ensure the security, integrity and confidentiality of this information in accordance with industry best practices. The measures it adopts to ensure the security of personal information, includes technical and organisational measures and internal policies to prevent unauthorised access, loss or use of personal information, for example, the physical securing of the offices where information is held; locking of cabinets with physical records; password control to access electronic records and off-site data back-ups. In addition, only those practitioners and employees that require access to the information to treat patients and discharge their functions are permitted access to the relevant information and only if they have concluded agreements with or provided undertakings to the practice requiring them to implement appropriate security measures and to maintain the confidentiality of the information. Suppliers and vendors are required to adhere to the strict policies and processes implemented by the practice and are subject to sanctions for any security breach. All security breaches are taken seriously and are addressed in accordance with the law. These measure include:

- Firewalls;
- Virus protection software and update protocols;
- Logical and physical access control;
- Secure setup of hardware and software making up our information technology infrastructure; and
- Outsourced service providers who are contracted to implement security controls.

## **11. PROCEDURE TO OBTAIN ACCESS TO RECORDS OR INFORMATION OR TO CORRECT OR OBJECT**

The fact that information and records are held by the practice as listed in this Manual should not be construed as conferring upon any requester any right to that information or record. PAIA grants a requester access to records of a private body, if the record is required for the exercise or protection of any right. If a public body lodges a request, the public body must be acting in the public interest. Access to records and information is not automatic. Any person, who would like to request access to any of the above records or information, is required to complete a

request form refer to Annexure A, which is also available from reception or the Information Officer of the practice and the Information Regulator at the contact details stipulated above.

The requester must provide sufficient detail on the request form to enable the Information Officer to identify the record and the requester. The requester must identify the right he/she is seeking to exercise or protect and explain why the record requested is required for the exercise or protection of that right. If a request is made on behalf of another person, the requester must submit proof of the capacity in which the request is made to the satisfaction of the Information Officer. Access to the requested records or information or parts of the records or information may be refused in terms of the law. Requesters will be advised of the outcome of their requests.

You have the right to request the correction, deletion or destruction of your personal information, in the prescribed form, which forms are available on our website. We have also attached the prescribed forms to this Manual for your convenience under Annexure "C".

You may object to the processing of your personal information in the prescribed form, which form. . We have also attached the prescribed form to this Manual for your convenience under Annexure "C".

## **12. GROUNDS FOR REFUSAL OF ACCESS AND PROTECTION OF INFORMATION**

12.1 There are various grounds upon which a request for access to a record may be refused. These grounds include:

- the protection of personal information of a third person (who is a natural person) from unreasonable disclosure;
- the protection of commercial information of a third party (for example: trade secrets; financial, commercial, scientific or technical information that may harm the commercial or financial interests of a third party);
- if disclosure would result in the breach of a duty of confidence owed to a third party;
- if disclosure would jeopardise the safety of an individual or prejudice or impair certain property rights of a third person;
- if the record was produced during legal proceedings, unless that legal privilege has been waived;

- if the record contains trade secrets, financial or sensitive information or any information that would put ECR at a disadvantage in negotiations or prejudice it in commercial competition; and/or
- if the record contains information about research being carried out or about to be carried out on behalf of a third party or by ECR.

12.2 Section 70 of PAIA contains an overriding provision: disclosure of a record is compulsory if it would reveal (i) a substantial contravention of, or failure to comply with the law; or (ii) there is an imminent and serious public safety or environmental risk; and (iii) the public interest in the disclosure of the record in question clearly outweighs the harm contemplated by its disclosure.

12.3 If the request for access to information affects a third party, then such third party must first be informed within 21 (twenty-one) days of receipt of the request. The third party would then have a further 21 (twenty-one) days to make representations and/or submissions regarding the granting of access to the record.

### **13. REMEDIES AVAILABLE TO A REQUESTER ON REFUSAL OF ACCESS**

13.1 If the Information Officer decides to grant a requester access to the particular record, such access must be granted within 30 (thirty) days of being informed of the decision.

13.2 Where the Information Officer declines any requester access to the particular record, such decision will be relayed to the requester. There is no internal appeal procedure.

13.3 In the event that you are not satisfied with the outcome you are entitled to apply to the Information Regulator or a court of competent jurisdiction to take the matter further.

13.4 Where a third party is affected by the request for access and the Information Officer has decided to grant you access to the record, the third party has 30 (thirty) days in which to appeal the decision in a court of competent jurisdiction. If no appeal has been lodged by the third party within 30 (thirty) days, you must be granted access to the record.

### **14. FEES PAYABLE TO OBTAIN THE REQUESTED RECORDS OR INFORMATION**

Fees may be charged for requesting and accessing information and records held by the practice. These fees are prescribed in terms of PAIA. Details of the fees payable may be obtained from reception or the Information Officer. The fees are also available from the Information Regulator.

## **15. AVAILABILITY OF THIS MANUAL**

A copy of this Manual is available for inspection, free of charge, at the practice and on its website. A copy of the Manual may also be requested from the Information Officer against payment of a fee as may be advised.

**ANNEXURE A  
FORM 1  
REQUEST FOR A COPY OF THE GUIDE**

[Regulations 2 and 3.]

**TO:**

\*The information officer

.....

.....

.....

I,

Full names:				
In my capacity as (mark with "x"):	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		Sesotho		
	Setswana		siSwati		
	Tshivenda		Xitsonga		
	Afrikaans		English		
	isiNdebele		isiXhosa		
	isiZulu				

Manner of collection ( <i>mark with "x"</i> ):			
Personal collection	Postal address	Facsimile	Electronic communication (Please specify)

Signed at ..... this ..... day of ..... 20 .....

.....

*Signature of requester*

*\* Delete whichever is not applicable*



**FORM 2  
REQUEST FOR ACCESS TO RECORD**

[Regulation 7.]

*Note:*

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, 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 names of person on whose behalf request is made ( <i>if applicable</i> ):			

Identity number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):	Facsimile	
	Cellular:		
<b>PARTICULARS OF RECORD REQUESTED</b>			
<p><i>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.)</i></p>			
Description of record or relevant part of the record:			
Reference number, if available:			
Any further particulars of record:			

<b>TYPE OF RECORD</b> (Mark the applicable box with an "X")	
Record is in written or printed form	
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	
<b>FORM OF ACCESS</b> (Mark the applicable box with an "X")	
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	

<b>MANNER OF ACCESS</b> (Mark the applicable box with an "X")	
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> )	

<b>PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED</b>	
<i>If the provided space is inadequate, please continue on a separate page and attach it to this 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:	

<b>FEES</b>	
<p>a) <i>A request fee must be paid before the request will be considered.</i></p> <p>b) <i>You will be notified of the amount of the access fee to be paid.</i></p> <p>c) <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>d) <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 <i>(Please specify)</i>

Signed at ..... this ..... day of ..... 20 .....

.....

*Signature of requester / person on whose behalf request is made*

.....

**FOR OFFICIAL USE**

Reference number:	
Request received by: <i>(state rank, name and surname of information officer)</i>	
Date received:	
Access fees:	
Deposit (if any):	

.....

*Signature of information officer*

**FORM 3  
OUTCOME OF REQUEST AND OF FEES PAYABLE**

[Regulation 8.]

Note:

1. If your request is granted the—

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

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

Reference number: .....

**TO:**

.....  
 .....  
 .....  
 .....

Your request dated ....., refers.

<b>1. You requested:</b>	
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 prescribed in Annexure B.	

**OR**

<b>2. You requested:</b>	
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 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 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	

<b>3.To be submitted:</b>	
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>	

Kindly note that your request has been:

Approved

Denied, for the following reasons:


**4.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:			
(i) Flash drive •To be provided by requestor	R40.00		
(ii) Compact disc •If provided by requestor •If provided to the requestor	R40.00 R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
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 •If provided to the requestor	R40.00 R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			



**5. Deposit payable (if search exceeds six hours):**

Yes       No

Hours of search	Amount of deposit <i>(calculated on one third of total amount per request)</i>	
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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*

**FORM 5**  
**LODGING OF COMPLAINT**

[Regulation 10.]

*Note:*

- 1. This form is designed to assist the Requester (hereinafter referred to as “the Complainant”) in requesting a review of a public or private body’s response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) (“PAIA”). Please fill out this form and send it to the Information Regulator or complete the online complaint form available at <https://www.justice.gov.za/infoereg/>.*
- 2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part E of this complaint form.*
- 3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as “the Body”) an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed PAIA form and submit it to the Body.*
- 4. A copy of this form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.*
- 5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.*
- 6. Please attach copies of the following documents, if you have them:*
  - Copy of the form to the Body requesting access to records;*
  - The Body’s response to your complaint or access request;*
  - Any other correspondence between you and the Body regarding your request;*
  - Copy of the appeal form, if your complaint relate to a public body;*
  - The Body’s response to your appeal;*
  - Any other correspondence between you and the Body regarding your appeal;*
  - Documentation authorizing you to act on behalf of another person (if applicable);*
  - Court order or court documents relevant to your complaint, if any.*

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

**TO:**

The Information Regulator  
 P.O Box 31533  
 Braamfontein,  
 2017  
 E-mail address: infoereg@justice.gov.za  
 Tel number: +27 (0) 10 023 5200

<b>CAPACITY OF PERSON/PARTY LODGING A COMPLAINT</b>
(Mark with an "X")

Complainant personally

Representative of complainant

Third party

<b>PREREQUISITES</b>			
Did you submit request (PAIA form) for access to record of a public/private body?	Yes	No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes	No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes	No	
Have you applied to Court for appropriate relief regarding this matter?	Yes	No	

FOR INFORMATION REGULATOR'S USE ONLY			
Received by: (Full names)			
Position:			
Signature:			
Complaint accepted:	Yes		No
Reference Number:			
<i>Date stamp</i>			
Postal address	Facsimile	Other electronic communication (Please specify)	

PART A PERSONAL INFORMATION OF COMPLAINANT			
Full names:			
Identity number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		
PART B REPRESENTATIVE INFORMATION			
<i>(Complete only if you will be represented. A Power of Attorney must be attached if complainant is represented, failing which the complaint will be rejected)</i>			
Full names of representative:			
Nature of representation:			
Identity number/Registration number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		

<b>PART C</b>			
<b>THIRD PARTY INFORMATION</b>			
<i>(Please attach letter of authorisation)</i>			
Type of body:	Private		Public
Name of *public/private body:			
Registration number (if any):			
Name, surname and title of person authorised to lodge complaint:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		

<b>PART D BODY AGAINST WHICH THE COMPLAINT IS LODGED</b>			
Type of body:	Private		Public
Name of *public/private body:			
Registration number (if any):			
Name, surname and title of person you dealt with at the public or private body to try to resolve your complaint or request to access of information:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		
Reference number given (if any):			
<b>PART E COMPLAINT</b>			
<i>Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public body for response and possible resolution; there are limited exceptions)</i>			
Date on which request for access to records submitted:			
Please specify the nature of the right(s) to be exercised or protected, if a compliant is against a private body:			
Have you attempted to resolve the matter with the organisation?		Yes	No

If yes, when did you receive it? (Please attach the letter to this application.)			
Did you appeal against a decision of the information officer of the public body?		Yes	No
If yes, when did you lodge an appeal?			
Have you applied to Court for appropriate relief regarding this matter?		Yes	No
If yes, please indicate when was the matter adjudicated by the Court? Please attach Court Order, if there is any.			
<b>PART F</b> <b>DETAILED TYPE OF ACCESS TO RECORDS</b> <i>(Please select one or more of the following to describe your complaint to the Information Regulator)</i>			
Unsuccessful appeal: (Section 77A (2) (a) or section 77A (3) (a) of PAIA)	<i>I have appealed against the decision of the public body and the appeal is unsuccessful.</i>		
Unsuccessful application for condonation: (Sections 77A (2) (b) and 75 (2) of PAIA)	<i>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</i>		
Refusal of a request for access: (Section 77A (2) (c) (i) or 77A (2) (d) (i) or 77A (3) (b) of PAIA)	<i>I requested access to information held by a body and that request was refused or partially refused.</i>		
The body requires me to pay a fee and I feel it is excessive: (Sections 22 or 54 of PAIA)	<i>Tender or payment of the prescribed fee.</i>		
	<i>The tender or payment of a deposit.</i>		
Repayment of the deposit: (Section 22 (4) of PAIA)	<i>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</i>		
Disagree with time extension: (Sections 26 or 57 of PAIA)	<i>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</i>		
Form of access denied: (Section 29 (3) or 60 (a) of PAIA)	<i>I requested access in a particular and reasonable form and such form of access was refused.</i>		
Deemed refusal: (Section 27 or 58 of PAIA)	<i>It is more than 30 days since I made my request and I have not received a decision.</i>		

	<i>Extension period has expired and no response was received.</i>	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)	<i>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</i>	
No adequate reasons for the refusal of access: (Section 56 (3) (a) of PAIA)	<i>My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.</i>	
Partial access to record: (Section 28 (2) or 59 (2) of PAIA)	<i>Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.</i>	
Fee waiver: (Section 22 (8) or 54 (8) of PAIA)	<i>I am exempt from paying any fee and my request to waive the fees was refused.</i>	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	<i>The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.</i>	
Failure to disclose records:	<i>The Body decided to grant me access to the requested records, but I have not received them.</i>	
No jurisdiction (exercise or protection of any rights): (Section 50 (1) (a) of PAIA)	<i>The Body indicated that the requested records are excluded from PAIA and I disagree.</i>	
Frivolous or vexatious request: (Section 45 of PAIA)	<i>The Body indicated that my request is manifestly frivolous or vexatious and I disagree.</i>	
Other: <i>(Please explain):</i>		
<b>PART G EXPECTED OUTCOME</b>		
How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.		



<b>PART H AGREEMENTS</b>
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***The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:***

- I agree that the information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.*
  
- The information in this Complaint Form is true to the best of my knowledge and belief.*
  
- I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.*
  
- I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.*
  
- If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.*

Signed at ..... this ..... day of ..... 20.....

.....

*Complainant/Representative/Authorised person of Third party*

## ANNEXURE B

## FEES

## Fees in Respect of Private Bodies

Item	Description	Amount
1.	The request fee payable by every requester	R140.00
2.	Photocopy/printed black & white copy of A4-size page	R2.00 per page or part thereof.
3.	Printed copy of A4-size page	R2.00 per page or part thereof.
4.	For a copy in a computer-readable form on: (iii)Flash drive (to be provided by requestor) (iv)Compact disc •If provided by requestor •If provided to the requestor	R40.00 R40.00 R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on: (v)Flash drive (to be provided by requestor) (vi)Compact disc •If provided by requestor •If provided to the requestor	R40.00 R40.00 R60.00
9.	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. To not exceed a total cost of	R145.00 R435.00
10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.	Postage, e-mail or any other electronic transfer	Actual expense, if any.”.

**ANNEXURE C****FORM 1 - OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION  
IN TERMS OF SECTION 11(3) OF POPIA****REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION,  
2018**

[Regulation 2]

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the objection 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.*

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number / E-mail address:	

<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname / Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/ E-mail address:	

<b>C</b>	<b>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f)</b> <i>(Please provide detailed reasons for the objection)</i>

Signed at ..... this ..... day of .....20.....

.....  
*Signature of data subject/designated person*

**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, 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.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code (      )
Contact number(s):	
Fax number/E-mail address:	

<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code (     )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>INFORMATION TO BE CORRECTED/DELETED/ DESTRUCTED/ DESTROYED</b>
<b>D</b>	<p><b>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</b></p> <p><b>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.</b></p> <p><i>(Please provide detailed reasons for the request)</i></p>

Signed at ..... this ..... day of .....20.....

.....  
*Signature of data subject/ designated person*