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www.umvuzohealth.co.za

| FORM 3: OUTCOME OF REQUEST AND OF FEES PAYABLE | | | | | | |
|--|----------|--|--|--|--|--|
| 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 recieved. | | | | | | |
| 2. PLEASE USE THE REFERENCE NUMBER HEREUNDER IN ALL FUTURE CORRESPONDENCE. | | | | | | |
| TO: REFERENCE NUMBER: | | | | | | |
| Your request dated | ,refers. | | | | | |
| 1. YOU REQUESTED: | | | | | | |
| Personal inspection of information 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) 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 information, you will be liable for the fees prescribed in Annexure B. | | | | | | |
| 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 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 disk drive (including virtual images and soundtracks) | | | | | | |
| Copy of record saved on cloud storage server | | | | | | |

3. TO BE SUBMITTED:

 Postal services to postal address
 Image: (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:

| pproved | |
|---------------------------------------|--|
| enied, for the the following reasons: | |
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| 4. FEES PAYABLE WITH REGARDS TO YOUR REQUEST: | | |
|---|---|--|
| Photocopy | R 0.85 | |
| Printed copy | R 0.85 | |
| For a copy in a computer-readable form on: i. Flash drive • To be provided by requester | R 40.00 | |
| ii. Compact disk | | |
| If provided by requestor | R 40.00 | |
| If provided to the requestor | R 60.00 | |
| For a transcription of visual images per A4-size page | Service to be outsourced. Will depend on the quotation | |
| Copy of visual images | of the service provider. | |
| Transcription of an audio recorf, per A4-size | R 24.00 | |
| Copy of an audio record i. Flash drive | | |
| To be provided by requester | R 40.00 | |
| ii. Compact disk | | |
| If provided by requestor | R 40.00 | |
| If provided to the requestor | R 60.00 | |
| Postage, e-mail or any other electronic transfer: | Actual costs | |
| TOTAL: | | |

| 5. DEPOSI | IT PAYABLE (IF SEARCH EXCEEDS SIX HOURS): | | | |
|-----------------|---|------|---|--|
| Ye | 25 | | No | |
| Hours of search | | on o | ount of deposit (calculated ne third of total amount request) | |

THE AMOUNT MUST BE PAID INTO THE FOLLOWING BANK ACCOUNT:

| Name of Bank: | ABSA |
|-----------------------------|-------------------------------|
| Name of account holder: | Umvuzo Health Medical Scheme |
| Type of account: | Current |
| Account number: | 406 002 6507 |
| Branch Code: | 632005 |
| Reference number: | |
| Submit proof of payment to: | compliance@umvuzohealth.co.za |

| Signed at | | This | | day of | | 20 | |
|-----------|--|------|--|--------|--|----|--|
|-----------|--|------|--|--------|--|----|--|