

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

Postal services to street address

Courier service to street address

Facsimile of information in written or printed information format (including transcriptions)

E-mail of information (including soundtracks if possible)

Cloud share/file transfer

Preferred language: (Note that if the record is not available in the language you prefer; access may be granted in the language in which the record is available)

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	
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