

**ANNEXURE**

**FORM A**

**REQUEST FOR ACCESS TO RECORDS OF**

**THE SOUTH AFRICAN MEDICO-LEGAL ASSOCIATION**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

**[Regulation 6]**

**FOR DEPARTMENTAL USE**

Reference number: \_\_\_\_\_

Request received by \_\_\_\_\_

(State rank, name and surname of information officer/deputy information officer) on  
\_\_\_\_\_ (date) at \_\_\_\_\_ (place).

Request fee (if any): R .....

Deposit fee (if any): R .....

Access fee: R .....

\_\_\_\_\_

**SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION  
OFFICER**

**A. Particulars of public body**

The Information Officer/Deputy Information Officer: \_\_\_\_\_  
\_\_\_\_\_

**B. Particulars of the person requesting access to the record:**

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address in the Republic and/or e mail address to which the information is to be sent, must be given.
- (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: +27 \_\_\_\_\_ Cell number \_\_\_\_\_

E-mail: \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

**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 available: \_\_\_\_\_
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 required to be paid as the request fee.
- (c) The fee payable for the 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.
- (d) If you qualify for the exemption of the payment of any fee, please state the reason for exemption.

Reason for the exemption from payment of fees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## F. Form of access to record

If you are prevented by disability to read, view of 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 <b>X</b> . NOTES: (a) Compliance with your request for access in the specified form may depend 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 the access to the record, if any, will be determined partly by the form in which access is requested.					
<b>1. If the record is in written or printed form:</b>					
		Copy of record*			Inspection of record
<b>2. If the record consists of visual images – (This includes photographs, slides, video-recordings, computer generated images, sketches etc.):</b>					
		View the images	Copy of the images*		Transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>					
		Listen to the soundtrack (audio format)			Transcription of the soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>					
		Printer copy of record*	Printed copy of information derived from the record*	Copy in computer readable form* (e.g. CD)	

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted or couriered to you? <b>Postage is payable.</b>	yes	no
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**G. 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 the manner 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 \_\_\_\_\_.

\_\_\_\_\_

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

**FORM B**

**THE SOUTH AFRICAN MEDICO-LEGAL ASSOCIATION**

**NOTICE OF INTERNAL APPEAL**

(Section 75 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

**[Regulation 8]**

**A. Particulars of SAMLA**

The Information Officer/Deputy Information Officer: \_\_\_\_\_

**B. Particulars of requester/third party who lodges the internal appeal**

- |   |
|---|
| <p>(a) The particulars of the person who lodge the internal appeal must be given below.<br/>(b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.<br/>(c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below</p> |
|---|

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Capacity in which an internal appeal on behalf of another person is lodged \_\_\_\_\_

\_\_\_\_\_

**C. Particulars of requester**

<p>This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal.</p>
--

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

**D. The decision against which the internal appeal is lodged**

Mark the decision against which the internal appeal is lodged with an **X** in the appropriate box:

	Refusal of request for access
	Decision regarding fees prescribed in terms of section 22 of the Act
	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act
	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
	Decision to grant request for access

**E. Grounds for appeal**

If the provided space is inadequate, please continue on a separate folio and attach it to this form. **You must sign all the additional folios.**

State the grounds on which the internal appeal is based: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any other information that may be relevant in considering the appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Notice of decision on appeal**

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

**State the manner:** \_\_\_\_\_

**Particulars of manner:** \_\_\_\_\_

\_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

SIGNATURE OF APPELLANT

\



**FOR DEPARTMENTAL USE:**

**OFFICIAL RECORD OF INTERNAL APPEAL:**

Appeal received on \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
(state rank, name and surname of information officer/deputy information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on

\_\_\_\_\_(date) to the relevant authority.

**OUTCOME OF APPEAL:**

DECISION OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

CONFIRMED/NEWDECISION SUBSTITUTED

NEW DECISION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

RELEVANT AUTHORITY

RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

FROM THE RELEVANT AUTHORITY ON (date): \_\_\_\_\_

**FORM C**

**THE SOUTH AFRICAN MEDICO-LEGAL ASSOCIATION**

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

(Section 53(1) of the Promotion of Access to Information Act 2000 (Act No. 2 of 2000))

**[Regulation 10]**

**A. Particulars of SAMLA**

The Head:

\_\_\_\_\_

**B. Particulars of person requesting access to the record**

- |  |
|--|
| <p>(a) The particulars of the person who requests access to the record must be recorded below.<br/>(b) The address and/or fax number in the Republic to which information must be sent.<br/>(c) Proof of the capacity in which the request has been made, if applicable, must be attached.</p> |
|--|

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell number \_\_\_\_\_

E mail \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person: \_\_\_\_\_

\_\_\_\_\_

**C. Particulars of person on whose behalf request is made**

<p>This section must be completed ONLY if a request for information is made on behalf of another person</p>
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Full names and surname \_\_\_\_\_:

Identity number: \_\_\_\_\_

**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 available: \_\_\_\_\_

3 Any further particulars of the record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Fees**

- (a) A request for access to a record other than 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 required to be paid as the request fee.  
(c) The **fee payable for the 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.  
(d) If you qualify for the exemption of the payment of any fee, please state the reason for exemption.

Reason for the exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## F. Form of access to record

If you are prevented by disability to read, view of 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. NOTES: (a) Compliance with your request for access in the specified form may depend 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 the access to the record, if any, will be determined partly by the form in which access is requested.					
5. If the record is in written or printed form:					
		Copy of record*			Inspection of record
6. 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*
7. If record consists of recorded words or information which can be reproduced in sound:					
		Listen to the soundtrack (audio format)			Transcription of the soundtrack* (written or printed document)
8. If record is held on computer or in an electronic or machine-readable form:					
		Printer copy of record*			Printed copy of information derived from the record*
					Copy in computer readable form* (e.g. CD)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted or couriered to you? <b>Postage is payable.</b>				yes	no

**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 record requested is required for the exercise 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 in another manner, please specify the manner 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 \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER / PERSON ON  
WHOSE BEHALF REQUEST IS MADE