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# PAIA & POPIA MANUAL



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INFORMED HEALTHCARE SOLUTIONS (PTY)LTD

## 1. INTRODUCTION

The Promotion of Access to Information Act, 2 of 2000 (“PAIA”) gives effect to section 32 of the Constitution, that provides for access to information if a person wants to exercise a right or to protect a right, subject to the procedural requirements laid down by PAIA. For this purpose, PAIA requires that **INFORMED HEALTHCARE SOLUTIONS** must implemented a manual in terms of Section 51 of PAIA setting out the procedures to be followed to have access to Information which procedures are set out in this Manual.

The Protection of Personal Information Act, 4 of 2013 (“POPIA”) on the other hand provides for 8 protection principles that **INFORMED HEALTHCARE SOLUTIONS** must comply with to protect the Personal Information of all Data Subjects. **INFORMED HEALTHCARE SOLUTIONS** must implement a Manual that must comply with section 14 and 51 of PAIA and is required to make it available to persons who want to access FSP’s Personal Information. Should a person having a right to the Personal Information, require access to this Personal Information, then access is allowed by following the procedures laid down by PAIA and as set out in this Manual.

## 2. PURPOSE

The purpose of the Manual is to:

- provide details on records and information of **INFORMED HEALTHCARE SOLUTIONS** that are available and accessible once the requirements for access have been met; and
- sets out the procedures to be followed by a person that wants access to information, (including POPIA Personal Information) that are subject to protection and non-disclosure, if such person wants to exercise or to protect a right; and
- provide a guide on POPIA legislation how **INFORMED HEALTHCARE SOLUTIONS** processes Personal Information.

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### 3. AVAILABILITY OF THE MANUAL

This Manual is made available in terms of PAIA and in terms of Section 4 of the Regulations to POPIA and can be obtained:

- from **INFORMED HEALTHCARE SOLUTIONS**: [www.medical-aid-gap-cover.co.za](http://www.medical-aid-gap-cover.co.za)
- by contacting the Information Officer at the contact details provided below. A fee will be levied if copies of the Manual is required and as provided for in terms of **Appendix 3**.

### 4. INTRODUCTION TO THE COMPANY AND TYPE OF BUSINESS

#### **INFORMED HEALTHCARE SOLUTIONS (Pty) Ltd (INFORMED HEALTHCARE SOLUTIONS)**

- o An approved and licensed Financial Services Provider
- o Authorized and Regulated by the FSCA.
- o FSP license No: 12239
- o FSP Type: Private o Registration Number: 2000/025935/07 Date Authorized: 4/11/2004.

#### **Type of business and type of clients:**

**INFORMED HEALTHCARE SOLUTIONS** is a licensed Financial Services provider.

#### **APPROVED PRODUCTS:**

CATEGORY DESCRIPTION	CODE
CATEGORY 1	
Long- Term Insurance subcategory A	1.1
Short-Term Insurance Personal Line	1.2
Long-Term Insurance subcategory B1(Disability Health and Life Policies	1.3
Long-Term Insurance subcategory C (endowments)	1.4
Retail Pension Benefits	1.5
Short -Term Commercial Lines	1.6
Pension Fund Benefits (excluding Retail pension benefits)	1.7
Collective Investment Schemes (unit trusts)	1.14

Health Service Benefits (Medical aid.)	1.16
Short Term Deposits	1.18
Long-Term Insurance subcategory B2(investment policies, Disability Health and Life policies that provide risk benefits, annuities with minimum term guarantee)	1.20

## 5. COMPANY CONTACT DETAILS (PAIA Section 51(1)(a))

### Designated and authorized persons:

- **CEO:** Richard John Knowles
- **Directors:** Brian Shirk, Mike Narun, Steve McPetrie, Graham Pike
- **Office Manager:** Priscilla Jacobs

### Contact details:

- **Postal address:** P.O. Box 10 Bergvliet 7864
- **Business address:** Unit 1, 119-on-Main, 119 Main Road, Heathfield. 7800
- **Telephone Number:** 021 712 8866
- **Website:** [www.medical-aid-gap-cover.co.za](http://www.medical-aid-gap-cover.co.za)

### Information and Deputy Information Officers:

- **Information Officer:** Richard John Knowles. Tel 021 712 8866
- Email: richard@ihshealth.co.za
- **Deputy Information Officer:** Toni Frances Knowles Tel 01 712 8866
- Email: toni@ihshealth.co.za

## 6. THE SOUTH AFRICAN HUMAN RIGHTS COMMISSION (“SAHRC”) GUIDE (PAIA Section 51(1)(b))

- PAIA grants a Requester access to records of a private body, if the record is required for the exercise or protection of any rights. If a public body lodges a request, the public body must be acting in the public interest.
- Requests in terms of PAIA shall be made in accordance with the prescribed procedures and at the rates provided for in in terms of the PAIA Regulations.
- Requesters are referred to the Guide in terms of Section 10 which has been compiled by the

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South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights.

- The SAHRC Guide is available from the SAHRC with contact details:

**Postal Address:** Private Bag 2700, Houghton, 2041

**Telephone Number:** +27-11-877 3600 ○ **Fax Number:** +27-11-403 062

**Website:** [www.sahrc.org.za](http://www.sahrc.org.za)

## 7. PUBLICATION AND AVAILABILITY OF INFORMATION AND RECORDS

### 7.1 Applicable Legislation:

The legislation applicable to FSP are contained in **Appendix 1** of this Manual. FSP may be required to obtain information and keep records in terms of these legislation and depending on the relevant legislation requirements, INFORMED HEALTHCARE SOLUTIONS may also be required to make certain information or Records publicly available, allow disclosure of information or Records subject to certain conditions or may be prevented to disclose information or Records. The Requester’s right of access to information or a Record must be dealt with taking into consideration the applicable legislation requirements.

### 7.2 Available Records (PAIA Section 51(1)(d))

Available **INFORMED HEALTHCARE SOLUTIONS** Record Categories are contained in **Appendix 2** of this Manual. Although certain Records may be freely available and some may be published on **INFORMED HEALTHCARE SOLUTIONS’s** website, the inclusion of a category of Records, does not mean that the Information and Records falling within those categories will automatically be made available to a Requester and that certain grounds of refusal may apply to a request for such record.

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## 8. FORM OF REQUEST TO ACCESS INFORMATION AND RECORDS (PAIA Section 51(1)(e))

### 8.1 Requester

- Personal Requester:

A Personal Requester is a requester who is seeking access to a record containing Personal Information about the Requester itself. Access will be granted by **INFORMED HEALTHCARE SOLUTIONS** subject to applicable legislation.

- Other Requester:

If a person other than the Personal Requester is seeking access to a record containing Personal Information, then **INFORMED HEALTHCARE SOLUTIONS** is not obliged to grant access to such record, unless such person fulfils the requirements for access as provided for in terms of PAIA.

### 8.2 Request for Information Procedures

The procedures to follow are as follows:

A Requester must complete and sign the prescribed form enclosed herewith in **Appendix 4** together with payment of the required fee (only if it is an Other Requester).

The completed and signed form together with proof of payment must either be posted, submitted per hand, or be emailed to the Information Officer at the email address stated above.

If an individual is unable to complete the prescribed form because of illiteracy or disability, such a person may make the request orally to the Information Officer.

If a request is made on behalf of another person, the Requester must then submit proof of the capacity in which the Requester is making the request on behalf of the other person to the satisfaction of the Information Officer.

All required information must be provided on the **Appendix 1** form and the information must be true complete and correct with enough particularity to enable the Information Officer to identify:

- The Requester's identity.
- contact details of the Requester
- the requested record/s, and
- the form of access required by the Requester.
- A Requester may only request access to a record in order to exercise or protect a right and must clearly state what the nature of the right is so to be exercised or protected. The requester is further required to provide an explanation of why the requested record is required for the exercise or protection of that right.
- **INFORMED HEALTHCARE SOLUTIONS** will process a request to access a record within 30 (thirty) days of receipt of the completed **Appendix 1** form together with proof of payment, if applicable, unless the Requestor has stated exceptional reasons and circumstances together with proof, if applicable, that would satisfy the Information Officer that the time not be complied with.
- **INFORMED HEALTHCARE SOLUTIONS** shall inform the Requester in writing whether access has been granted or denied together with reasons thereof.
- If the Requester requires access to the records in another manner, the Requester must state the manner and the particulars so required.

### 8.3 Fees Payable

The applicable fees that are prescribed in terms of the PAIA Regulations are as follows: A non-refundable prescribed request fee is payable up on submission of any request for access to any record before a request will be processed.

The fees above do not apply if the request is for personal records of the person requesting – in this instance no fee is payable.

If the preparation of the record requested requires more than the prescribed hours (currently 6 hours), a deposit shall be paid (of not more than one third of the access fee which would be payable if the request were granted).

A requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit.

Records may be withheld until the fees have been paid by the Requester.

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Fees are subject to confirmation by the Regulator in the Government Gazette and any applicable fees or changes will be upfront disclosed to Requesters.

A List of the current Fees payable are set out in **Appendix 3**.

### 8.4 Grounds for refusal of a Request

Chapter 4 of PAIA provides for several grounds on which a request for access to Personal Information must be refused.

These grounds may include where:

- the privacy and interests of other individuals are protected, including a deceased person,
- where disclosure would be unreasonable. such records are already otherwise publicly available.
- the public interests are not served.
- the mandatory protection of commercial information of a third party/ company which include trade secrets, financial, commercial, or technical information that may cause harm if disclosed and information that could put a third party/ Company in disadvantage in contractual/ other negotiations or commercial competition or computer programs owned by a company protected by copyright and intellectual property laws.
- the mandatory protection of certain confidential information of a third party.
- the mandatory protection of confidential information of third parties if it is protected in terms of an agreement.
- mandatory protection of the safety of individuals and protection of property.
- mandatory protection of Records that are privileged in legal proceedings research information of a third party/ Company if disclosure would put the research or researcher in disadvantage. Requests for Records that are clearly frivolous or vexatious, or which involve an unreasonable diversion of resources.

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## 8.5 Information or Records not found.

If information or Records cannot be found despite reasonable and diligent searches by **INFORMED HEALTHCARE SOLUTIONS**, then the Information Officer must provide the Requester with a notice in the form of an affidavit setting out the measures taken to locate the document and the inability to locate it.

## 8.6 Remedies available to a Requester if access is refused.

The decision made by the Information Officer is final and Requesters must exercise external remedies if the Request for access to Information or Records is refused. A Requester may however apply to a court for relief within 180 days of notification of the decision for appropriate relief as provided for in terms of sections 56(3) (c) and 78 of PAIA.

# 9. POPIA GUIDE AND PROCESSING OF PERSONAL INFORMATION BY INFORMED HEALTHCARE SOLUTIONS.

POPIA provides for minimum protection principles for the lawful processing of Personal Information by FSP. A POPIA Guide setting out how Personal Information will be processed by FSP is contained in **Appendix 5** of this Manual.

## 9.1 Objection to process Personal Information

- A person that wants to object to the processing of Personal Information in terms of section 11(1)(d) to (f) of POPIA, must complete, sign, and submit to the Information Officer the Form contained **Appendix 6** of this Manual.

Affidavits or other documentary proof may be submitted with the Form in support of the objection.

## 9.2 Request for a) correction or deletion of Personal Information; or for b) destruction or deletion in possession of unauthorized person of Personal Information

- A Person that wants to submit a request to rectify, delete or destroy Personal Information in terms of section 24 of POPIA, must complete, sign, and submit to the Information Officer the Form contained in **Appendix 7** of this Manual.
- A request for the correction or deletion of the Personal Information of a Data Subject can be addressed to the Responsible Party in possession or control of the Personal Information.
- A request for the destruction or deletion of a Record of Personal Information about the Data Subject can be addressed to a Responsible Party in possession or control of the Record who are no longer authorized to retain such Record.
- Affidavits or other documentary proof may be submitted with the Form in support of the request.

### 9.3 Complaints in terms of POPIA

- A Person may submit a complaint to the Regulator in the prescribed manner and form alleging interference with the protection of the Personal Information of a Data Subject.
- A Responsible Party or Data subject may, in terms of section 63(3), further submit a complaint to the Regulator in the prescribed manner and form if he/ she/ it is aggrieved by the determination of an adjudicator.
- The contact details of the Information Regulator are as follows:
  - **Business address:** JD House, 27 Stiemens street, Braamfontein, Johannesburg, 2001

**Postal address:** P O Box 31533, Braamfontein, Johannesburg, 2017 ○ **E-mail:**

[complaints.IR@justice.gov.za](mailto:complaints.IR@justice.gov.za) ○ **Website:**

[www.justice.gov.za](http://www.justice.gov.za)



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## APPENDIX 1 APPLICABLE LEGISLATION

### **\*THE LEGISLATION APPLICABLE TO INFORMED HEALTHCARE SOLUTIONS INCLUDES:**

- Basic Conditions of Employment Act 75 of 1997
- Companies Act 71 of 2008
- Consumer Protection Act 68 of 2008
- Collective Investment Schemes Control Act 45 of 2002
- Credit Rating Services Act 24 of 2012
- Employment Equity Act 55 of 1998
- Financial Advisory and Intermediaries Services Act 37 of 2002
- Financial Institutions (Protection of Funds) Act 28 of 2001
- Financial Intelligence Centre Act 38 of 2001
- Financial Markets Act 19 of 2012
- Financial Sector Regulation Act 9 of 2017
- Financial Services Board Act 97 of 1990
- Financial Services Ombud Schemes Act 37 of 2004
- Financial Supervision of the Road Accident Fund Act 8 of 1993
- Friendly Societies Act 25 of 1956
- Income Tax Act 95 of 1967
- Insurance Act 18 of 2017
- Labour Relations Act 66 of 1995
- Long-term Insurance Act 52 of 1998
- Occupational Health and Safety Act 85 of 1993
- Pension Funds Act 24 of 1956
- Protection of Personal Information Act 4 of 2013
- Short-term Insurance Act 53 of 1998
- Skills Development Act 97 of 1998
- Skills Development Levies Act 9 of 1999
- Unemployment Contributions Act 63 of 2001
- Value Added Tax Act 89 of 1991

\*Note that although **INFORMED HEALTHCARE SOLUTIONS** used its best endeavours to provide a list of the latest applicable legislation, it may not be a complete or updated list due to constant changes in legislation. Kindly contact the Information Officer if you have any queries about Applicable Legislation.

## APPENDIX 2 AVAILABLE RECORDS

*RECORD CATEGORIES	SUBJECT	AVAILABILITY
<b>Public Affairs</b>	<ul style="list-style-type: none"> <li>• Website Information</li> </ul>	<ul style="list-style-type: none"> <li>• 1</li> </ul>
<b>Company Secretarial and Legal</b>	<ul style="list-style-type: none"> <li>• Statutory company documents of incorporation</li> <li>• Shareholder Agreements and certificates</li> <li>• Meeting minutes</li> <li>• Records of board and shareholder decisions taken and related information.</li> <li>• Documents of incorporation</li> <li>• General contract documentation</li> <li>• Working papers</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 12</li> <li>• 1,12</li> <li>• 12</li> <li>• 12</li> <li>• 1</li> <li>• 6,12</li> <li>• 10,12,13</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Financial Statements</li> <li>• VAT, PAYE, TAX records (company and employees)</li> <li>• Accounting and banking records</li> <li>• Invoices</li> <li>• Asset Register</li> <li>• Management Accounts</li> </ul>	<ul style="list-style-type: none"> <li>• 1,12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> </ul>
<b>Human Resources/ Employment</b>	<ul style="list-style-type: none"> <li>• Employee and staff records</li> <li>• Employment contracts</li> <li>• Policies and procedures</li> <li>• Disaster recovery</li> <li>• IT governance records</li> <li>• Licensing and procurement</li> </ul>	<ul style="list-style-type: none"> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> <li>• 12</li> </ul>

\*Note that although **INFORMED HEALTHCARE SOLUTIONS** used its best endeavours to provide a list of records, it may not be a complete or updated list due to constant changes in legislation or business operations. Kindly contact the Information Officer if you have any queries about Records.

### KEY

1	May be disclosed	Publicly Accessible
6	May not be disclosed	Likely to harm the commercial and financial interest Third Parties. <b>(Section 64 (a) (b))</b>
10	May not be disclosed	Legally privileged accounts <b>(Section 67)</b>
12	May not be disclosed	Commercial information of a Private Body. <b>(Section 68)</b>
13	May not be disclosed	Likely to prejudice research and development information of the company or a Third Party. <b>(Section 69)</b>

### APPENDIX 3 LIST OF FEES PAYABLE

The following Fees are payable in respect of Private Bodies (other than personal requests) in terms of Part III of the PAIA Regulations published in the Government Gazette:

<b>FEES PAYABLE IN RESPECT OF PRIVATE BODIES</b>	
The request fee payable by every requester	R140.00
Photocopy/printed black and white of every A4-size page	R2.00 per page or part thereof
Printed copy of A-4 size page	R2.00 per page or part thereof
For a copy in a computer-readable form on: Flash drive ( to be provided by requestor) Compact Disc	R40.00
- If provided by requestor	R40.00
- If provided to requestor	R60.00
For a transcript on visual images per A-4 size page  Copy of visual images	Service to be outsourced. Will depend on the quotation from the service provider
Copy of an audio record on:  Flash Drive ( to be provided by requestor)  Compact Disc	R40.00
- If provided by requestor	R40.00
- If provided to requestor	R60.00
• For a transcription of an audio record, for an A4-size page or part thereof • For a copy of an audio record	

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<p>To search for and prepare the record for disclosure for each hour or part of an hour, excluding the 1<sup>st</sup> hour, reasonably required for such search and preparation. To not exceed a total cost of</p>	<p>R145.00 R435.00</p>
<p>Deposit: If search exceeds 6 hours</p>	<p>1/3<sup>rd</sup> of the amount per request calculated in terms of items 2 to 9</p>
<p>Postage, e-mail or any other electronic transfer.</p>	<p>Actual expense, if any</p>

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## APPENDIX 4 REQUEST FOR INFORMATION FORM

The following proof must be submitted together with the completed and signed Request for Information Form below to the Information Officer:

1. Proof of payment of fees (if applicable).
2. Certified copy of the Requester's identity document.
3. Supporting documentation (only if applicable).

<b>1. PARTICULARS OF PERSON REQUESTING ACCESS TO INFORMATION</b>			
<b>Full Names &amp; Surname:</b>			
<b>Identification Number:</b>		<b>Cell phone no.</b>	
<b>Other contact no:</b>		<b>Fax no.</b>	
<b>Email address:</b>			
<b>Postal address:</b>		<b>Postal code</b>	
<b>2. PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE</b>			
*Only complete this section if a request for information is made on behalf of another person.			
<b>Full Names &amp; Surname/ Legal entity name:</b>			
<b>Identification/ Registration no.</b>			
<b>3. PARTICULARS OF REQUESTED INFORMATION</b>			
*Provide full particulars of the information to which access is requested. If the Provided space is not sufficient, please continue a separate page and attach it to the form. Any additional pages submitted must be signed.			
<b>4. FORMAT IN WHICH INFORMATION IS REQUESTED</b>			
*Indicate the format in which the information requested is required. Please note that the request for access in the specified format may depend on the format in which the record is available and access in the requested format may be refused under certain circumstances.			
<b>5. RIGHT TO BE EXERCISED OR PROTECTED</b>			
*Indicate: 1. What right is to be exercised and/or protected and 2. Why the information is required to protect and/or to exercise this right.			
<b>What right is to be protected</b>			





- race or ethnic origin
- trade union membership
- political opinions
- health, sexual life
- criminal behaviour.
- **Processing:** means any operation or activity or any set of operations, whether by automatic means, concerning personal information, including:
  - the collection, receipt, recording, organization, collation, storage, updating or modification, retrieval, alteration, consultation, or use.
  - dissemination by means of transmission, distribution or making available in any other form; or
  - merging, linking, as well as restriction, degradation, erasure, or destruction of information.
- **Direct Marketing:** means the use of personal information for the purposes of direct marketing by means of any form of electronic communication.

## 2. THE 8 PROTECTION PRINCIPLES APPLICABLE TO RESPONSIBLE PARTIES

**INFORMED HEALTHCARE SOLUTIONS** is a Responsible Party in terms of POPIA and has Data Protection Policies and procedures in place for the protection of all Personal Information. **INFORMED HEALTHCARE SOLUTIONS** implemented the required controls and employs up to date technology to ensure the protection, confidentiality, integrity, and availability of the Personal Information that it processes.

**The application of the 8 Protection Principles within INFORMED HEALTHCARE SOLUTIONS as Responsible Party to ensure the protection of Personal Information are set out below:**

### 2.1. Accountability:

This principle contemplates the assigning of responsibility by the Responsible Party to oversee and ensure compliance with the POPIA requirements.

- The Board appointed an Information Officer (“IO”) and a Deputy Information Officer (“DIO”) who must register with the Information Regulator who is responsible to implement and oversee POPIA within the Responsible Party.
- The Responsible Party is responsible to audit the processes used to collect, record, store, disseminate and destroy Personal Information: in particular, ensure the integrity and safekeeping of Personal Information in possession or under control.
- The Responsible Party must take steps to prevent the information being lost or damaged, or unlawfully processed or accessed.
- The Responsible Party must ensure that staff is properly trained on a regular basis to ensure that they understand their responsibilities and the consequences of non-compliance with POPIA.

### 2.2. Processing Limitation:

Personal Information may only be processed by the Responsible Party:

- if it is done lawfully
- in a manner that does not infringe the privacy of the Data Subject.
- if adequate, relevant, and not excessive given the purpose.
- if consent was obtained or it was necessary. If consent was obtained from the Data Subject, then such consent must be voluntary and specific.

### 2.3. Purpose Specification:

- Purpose Specification is important to determine the scope within which Personal Information may be processed by a Responsible Party.
- The Responsible Party is required to:
  - define the purpose of the Personal Information gathering and processing clearly.
  - collects only the necessary information.
  - indicate that it is collected for a specific, explicitly defined, and lawful purpose; and
  - be clear to whom the information is transferred.
- Personal information must be destroyed, deleted or 'de-identified' as soon as the purpose for collecting the information has been achieved. This requirement may be subject to other legislation such as FAIS and FICA with 5-year record keeping requirements applicable to the financial services industry.
- There are further restrictions on the transfer of Personal Information out of South Africa and to transfer Personal Information back into South Africa. The applicable restrictions will depend on the laws of the country to whom the data is transferred or from where the data is returned. The Responsible Party is required to assess the applicable laws.

#### **2.4. Further Processing limitation:**

Once the Responsible Party has identified and obtained consent for specific, legitimate, and explicitly defined purposes, then Personal Information cannot be processed contrary to the purpose for which it was collected. The processing of such Personal Information may only occur insofar as it is necessary for the fulfilment of the purpose. If information is received via a third party for further processing, then this further processing must be compatible with the purpose for which the data was initially collected, otherwise further consent must be obtained.

#### **2.5. Information quality:**

The Responsible Party must ensure and maintain the quality of the Personal Information that it processes. It must therefore:

- take reasonably practicable steps to ensure that the Personal Information is complete, accurate and updated
- consider obtaining a warranty from Data Subjects to ensure that the Personal Information is correct and updated.

#### **2.6. Openness required:**

The Responsible Party is required to notify the Information Regulator of the applicable data subject groups that the information is used for e.g., financial services category. The Responsible Party has a duty to process Personal Information in a fair and transparent manner and must take steps to notify the Data Subject whose Personal information is being processed that this is being done together with reasons.

The Data Subject must be informed about the purpose and from what source his Personal Information was obtained:

- the name and address of the company processing the Personal Information
- whether the provisioning of the Personal Information is voluntary or mandatory

#### **2.7. Security safeguards:**

Personal Information should be kept secure against the risk of loss, unauthorized access, interference, modification, destruction, or disclosure. The Responsible Party is required to secure the integrity of personal information by taking appropriate, reasonable technical and organizational measures to prevent loss, damage, unauthorized access and unlawful access or processing of Personal Information.

The Responsible Party must take all reasonable measures to:

- Identify all reasonably foreseeable internal and external risks
- Establish and maintain appropriate safeguards against the risks
- Regularly verify that the safeguards are adequately implemented
- Ensure the safeguards are continually updated in response to new risks or deficiencies in previously implemented safeguards

The Responsible Party must oversee an Operator who processes data on his/her behalf. The Responsible Party must be aware of the following:

- The Operator must treat information confidentially
- The Responsible Party must ensure that the operator establishes and maintains appropriate security safeguards
- ALL processing by an operator must be governed by a written contract
- In the event of security breaches, the Responsible Party must notify the Regulator and the data subject

## **2.8. Participation:**

POPIA allows for Data Subjects to make certain requests, free of charge, to organizations that holds their Personal Information. Data Subjects may request access to or records of their Personal Information and/or request the correction or deletion of any Personal Information held by it. Data Subjects may also request that inaccurate, misleading, or outdated Personal Information be updated and has the right to know the identity of all third parties that have had access to their information.

## **3. EXCLUSIONS**

POPIA protection does not apply to the following information:

### **3.1. The processing of personal information:**

- in the course of a purely personal or household activity.
- that has been de-identified to the extent that it cannot be re-identified again.
- by or on behalf of a public body —
  - which involves national security, including activities that are aimed at assisting in the identification of the financing of terrorist and related activities, defence, or public safety; or
  - the purpose of which is the prevention, detection, including assistance in the identification of the proceeds of unlawful activities and the combating of money laundering activities, investigation or proof of offences, the prosecution of offenders or the execution of sentences or security measures, to the extent that adequate safeguards have been established in legislation for the protection of such personal information.
- by the Cabinet and its committees or the Executive Council of a province; or
- relating to the judicial functions of a court referred to in section 166 of the Constitution of the Republic of South Africa, 1996.

**3.2. “Terrorist and related activities”** for purposes of subsection (1)(c), means those activities referred to in section 4 of the Protection of Constitutional Democracy against Terrorist and Related Activities Act, 2004 (Act No. 33 of 2004).

**3.3. Data Subject consent is not required, in instances where it would prejudice a lawful purpose, or the information is publicly available.**

**4. PROCESSING OF PERSONAL INFORMATION WITHIN FSP**

**INFORMED HEALTHCARE SOLUTIONS is Processing the Personal Information of its Data**

**Subjects as follows:**

<p><b>Purpose of processing:</b></p>	<ul style="list-style-type: none"> <li>• Rendering of financial services to clients</li> <li>• Provisioning of value-added services to clients</li> <li>• Marketing of services to potential clients</li> <li>• Proposals to Clients on service offerings</li> <li>• Maintain accounts and records</li> <li>• Support and manage employees</li> <li>• Crime detection, prevention, investigation, and prosecution</li> <li>• Assessment and processing of claims</li> <li>• Fraud prevention &amp; detection</li> <li>• Compliance with regulatory requirements</li> <li>• Due diligence assessments</li> <li>• Client relationship management</li> <li>• Purposes expressly agreed or authorized by the Client or Employees</li> <li>• Purposes notified to the Client or Employees</li> </ul>
<p><b>Data subject categories:</b></p> <p><b>Includes Natural and Juristic</b></p>	<p><u>Includes Natural persons and Legal entities:</u></p> <ul style="list-style-type: none"> <li>• Clients and their clients</li> <li>• Shareholders</li> <li>• Board members</li> <li>• Directors</li> <li>• Employees</li> <li>• Consultants &amp; Contractors</li> <li>• Complainants</li> <li>• Enquirers</li> <li>• Employers and employees of other organizations</li> <li>• Associated companies</li> <li>• External companies / contractors</li> <li>• Suppliers and service providers</li> <li>• Clients and their members / policyholders / subscribers as well as dependents and minors if they are listed as beneficiaries.</li> <li>• Individuals who have indicated an interest in financial products.</li> <li>• Regulators</li> <li>• Service providers including outsourced services, auditors etc.,</li> </ul>

<p><b>Types/ classes of information processed</b></p>	<ul style="list-style-type: none"> <li>• Personal details</li> <li>• Business activities</li> <li>• Financial Products</li> <li>• Compliance records</li> <li>• Business operations</li> <li>• Compliance assessment outcomes</li> <li>• Opinions</li> <li>• Communications</li> <li>• Personal views / preferences</li> <li>• Family details</li> <li>• Education &amp; employment details</li> <li>• Financial details</li> <li>• Offences / alleged offences</li> <li>• Physical / mental health details</li> <li>• Criminal proceedings, outcomes &amp; sentences •</li> </ul>
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<p><b>Who the information may be shared with</b></p>	<p>Its sometimes necessary to share Personal Information with individuals and/or with other organizations. Where this is necessary, FSP is required to comply with all aspects of POPIA. The following are types of organizations</p> <p><b>INFORMED HEALTHCARE SOLUTIONS</b> may need to share some of the Personal Information it processes. Only where it is necessary or required Personal Information may be shared with:</p> <ul style="list-style-type: none"> <li>• Associates/ Representatives of the person whose Personal Information we are processing</li> <li>• Employment and recruitment agencies</li> <li>• Financial organizations</li> <li>• Credit reference agencies</li> <li>• Healthcare, social and welfare organizations</li> <li>• Healthcare professionals</li> <li>• Regulatory authorities</li> <li>• Business associates</li> <li>• Claimants / beneficiaries</li> <li>• Claims investigators</li> <li>• Suppliers and service providers</li> <li>• Industry bodies</li> <li>• Ombudsman</li> <li>• Legal Advisors, Compliance Officers, advocates, or attorneys</li> <li>• Auditors</li> <li>• Tax Consultants</li> <li>• IT Services Providers</li> <li>• Other companies associated with FSP. <ul style="list-style-type: none"> <li>• Persons making an enquiry / complaint.</li> </ul> </li> <li>• Educators and examining bodies.</li> <li>• Pension fund administrator</li> <li>• Security organizations</li> </ul>
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<p><b>Cross border flows of Personal Information</b></p>	<p>It may be necessary to share Personal Information of Data Subjects with third parties in other countries subject to compliance with</p> <ul style="list-style-type: none"> <li>• the Data Subject consents to the transfer.</li> <li>• the transfer is necessary for the performance of a contract between the data subject and the</li> </ul>
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	<p>POPIA. This will only be done if one of the following requirements are met:</p> <ul style="list-style-type: none"> <li>• the third party who is the recipient of the information is subject to a law, binding corporate rules or binding agreement which provide an adequate level of protection that—</li> <li>• effectively upholds principles for reasonable processing of the information that are substantially similar to the conditions for the lawful processing of personal information relating to a data subject who is a natural person and, where applicable, a juristic person, as set out in POPIA; and</li> <li>• includes provisions, that are substantially similar to this section, relating to the further transfer of personal information from the recipient to third parties who are in a foreign country.</li> </ul> <p>company in question, or for the implementation of pre- contractual measures taken in response to the data subject’s request.</p> <ul style="list-style-type: none"> <li>• the transfer is necessary for the conclusion or performance of a contract concluded in the interest of the data subject between the company in question and a third party; or</li> <li>• the transfer is for the benefit of the Data Subject, and—</li> <li>• it is not reasonably practicable to obtain the consent of the data subject to that transfer; and</li> <li>• if it were reasonably practicable to obtain such consent, the Data Subject would be likely to give it.</li> </ul>
<p><b>Information Security measures in respect of Data</b></p>	<ul style="list-style-type: none"> <li>• Identity and access Management</li> <li>• Physical security controls</li> <li>• Network Security</li> <li>• Protection from viruses and other malware</li> <li>• Secure Remote Working</li> <li>• Encryption of laptops and blocking of USB ports.</li> <li>• IT disaster recovery and back-up procedures</li> <li>• Training</li> <li>• Off- site data storage, which is encrypted, and password protected.</li> </ul>

## 5. OPERATOR RESPONSIBILITIES WHEN PROCESSING PERSONAL INFORMATION FOR A RESPONSIBLE PARTY

### 5.1. Duties of an Operator:

- All Information processed by an operator must be treated in the following manner:
  - The Responsible party must be aware of the Operators processing.
  - The Operator must treat information confidentially.
  - The Responsible party must ensure that the Operator establishes and maintains appropriate security safeguards.
    - In the event of security breaches, the Operator via the Responsible party must notify the Regulator and the data subject.
    - The processing by an operator must be governed by a written contract between the Responsible party and the Operator.
- The contents of the contract between Operator and Responsible Party must detail at least the following:
  - the legitimate grounds for collecting and using personal data collected,
  - the lawful

purpose for which data are being collected, ○ the limit of processing and prohibiting of further processing,

- the extent of information that is required to prevent any excessive information collection,
- the information retention periods and requirements applicable together with destruction processes and procedures, ○ The right of individuals to request such information and query the use thereof,
- The security measures required to prevent the unauthorized or unlawful processing of personal data or access to personal data, including accidental loss or destruction or damage to personal data.

## 6. DEALING WITH SPECIAL PERSONAL INFORMATION

If an objection is received from a Data Subject to process the Special Information, then this information may not be supplied to 3rd parties without the Data Subject's consent.

- **Religious or Philosophical Beliefs processing** may take place by Spiritual or religious organizations & institutions, provided that the information concerns data subjects belonging to such organizations; if it is necessary to achieve their aims and principles; or to protect the spiritual welfare of the data subjects.
- **Race processing** may be carried out to Identify data subjects when this is essential and to Comply with laws or measures designed to protect or advance persons disadvantaged by unfair discrimination.
- **Trade Union Membership processing** may take place by a trade union to which the data subject belongs, or the trade union federation to which the trade union belongs, if the processing is necessary to achieve the aims of the trade union/trade union federation.
- **Political Persuasion processing** may take place by an institution founded on political principles if such processing is necessary to achieve the aims or principles of the institution.
- **Health or Sexual Life processing** must be confidential and may take place by:
  - Medical practitioners, healthcare institutions ○ Insurance companies, medical aid scheme providers
  - Schools
  - Institutions of probation, child protection or guardianship ○ Pension funds and employers if processing is necessary for:
    - Implementation of laws/pension regulations
    - Re-integration/support for workers or persons entitled to benefit in connection with sickness/work incapacity
- **Criminal behaviour processing** may take place by:
  - Bodies charged by law with applying criminal law

- Responsible parties who have obtained the information in accordance with the law ○  
 Responsible parties who process the information for their own lawful purposes to; ○ assess an application by a data subject in order to take a decision about or provide a service to that data subject to protect their legitimate interests in relation to criminal offences.

- **General Exemptions**

The Regulator may authorize processing of any information, which will not be in breach of POPIA, if the public interest includes ○ the legitimate interests of State security

- the prevention, detection, and prosecution of offences
- important economic and financial interests of the State or a public body ○  
 historical, statistical or research activity.

## **7. DIRECT MARKETING OR ADVERTISING BY MEANS OF UNSOLICITED ELECTRONIC COMMUNICATIONS**

Direct marketing or advertising is prohibited unless you have consent, or the target is already a customer. You may only approach a person for consent once and if they have not previously withheld such consent and may only use the information for the initial purpose why it was obtained for.

Any communication for the purpose of direct marketing must contain:

- Details of the identity of the sender,
- The address or other contact details to which the recipient may send a request to opt-out.



## APPENDIX 6 OBJECTION TO PROCESS PERSONAL INFORMATION FORM

The following proof must be submitted together with the completed and signed Objection to Process Personal Information Form to the Information Officer:

- Certified copy of the Requester's identity document.
- Affidavit and supporting documentation (only if applicable).

<b>1. DETAILS OF DATA SUBJECT</b>	
<b>Name(s) and surname/ registered name of data subject:</b>	
<b>Unique Identifier/ Identity Number</b>	
<b>Residential, postal, or business address:</b>	
<b>Contact number(s):</b>	
<b>Fax number / E-mail address:</b>	
<b>2. DETAILS OF RESPONSIBLE PARTY</b>	
<b>Name(s) and surname/ registered name of data subject:</b>	
<b>Residential, postal, or business address:</b>	
<b>Contact number(s):</b>	
<b>Fax number / E-mail address:</b>	
<b>3. PROVIDE DETAILED REASONS FOR: THE OBJECTION TO PROCESS PERSONAL INFORMATION IN TERMS OF SECTION 11(1)(d) to (f) OF POPIA</b>	

<p>Signed at: _____ on this _____ day of _____ 20</p> <p>Signature of Data Subject/ Designated Person _____</p>

**APPENDIX 7 REQUEST FOR A) CORRECTION OR DELETION OF PERSONAL INFORMATION OR B) DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION FORM**

The following proof must be submitted together with the completed and signed Form to the Information Officer:

- Certified copy of the Requester’s identity document.
- Affidavit and supporting documentation (only if applicable)

<b>Mark the applicable Request below with an “X”:</b>	
<b>1. REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION</b>	
<b>2. REQUEST FOR DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION</b>	
<b>1. DETAILS OF DATA SUBJECT</b>	
<b>Name(s) and surname/ registered name of Data Subject:</b>	
<b>Unique Identifier/ Identity Number</b>	

<b>Residential, postal, or business address:</b>	
<b>Contact number(s):</b>	
<b>Fax number / E-mail address:</b>	
<b>2. DETAILS OF RESPONSIBLE PARTY</b>	
<b>Name(s) and surname/ registered name of data subject:</b>	
<b>Residential, postal, or business address:</b>	
<b>Contact number(s):</b>	
<b>Fax number / E-mail address:</b>	
<b>3. PROVIDE DETAILED REASONS FOR:</b>	
<p>1. CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) OF POPIA, THAT IS IN POSSESSION OR UNDER CONTROL OF THE RESPONSIBLE PARTY. OR</p> <p>2. DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) OF POPIA, WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</p>	
day of _____ 20	
Signed at: _____ on this	
<hr style="width: 30%; margin: 0 auto;"/>	
Signature of Data Subject/ Designated Person	

## ADDITIONAL FORMS

### 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Tel. (B):</td> <td style="width: 30%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;">Facsimile:</td> <td style="width: 30%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Cellular:</td> <td colspan="3" style="padding: 2px;"></td> </tr> </table>	Tel. (B):		Facsimile:		Cellular:			
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		

**PARTICULARS OF RECORD REQUESTED**

*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.)*

Description of record or relevant part of the record:	

Reference number, if available	
--------------------------------	--

Any further particulars of record	

**TYPE OF RECORD**  
*(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	

**MANNER OF ACCESS**  
(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>	
--	--

**PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

*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.*

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:	

**FEEES**

<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: (State Rank, Name And Surname of Information Officer)	
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.



**1. You requested:**

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.	
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**OR**

**2. You requested:**

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	

**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 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 A4size 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 (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page  Copy of visual images	Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 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 (calculated on one third of total amount per request)

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 \_\_\_\_\_

# INTERNAL APPEAL FORM

## FORM 4

[Regulation 9]

Reference Number: .....

PARTICULARS OF PUBLIC BODY			
Name of Public Body			
Name and Surname of Information Officer:			
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL			
Full Names			
Identity Number			
Postal Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
E-Mail Address			

Is the internal appeal lodged on behalf of another person?		Yes		No	
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>					
<b>PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED</b> <i>(If lodged by a third party)</i>					
Full Names					
Identity Number					
Postal Address					
Contact Numbers	Tel. (B)		Facsimile		
	Cellular				
E-Mail Address					

<b>DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED</b> <i>(mark the appropriate box with an "X")</i>	
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	
<b>GROUND FOR APPEAL</b> <i>(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)</i>	

State the grounds on which the internal appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication ( <i>Please specify</i> )

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Appellant/Third party** -----  
 -----

**FOR OFFICIAL USE  
 OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: (state rank, name and surname of Information Officer)		
Date received:		
Appeal accompanied by the reasons for the information officer's decision and, where or applicable, the particulars of any third party to whom which the record relates, submitted by the information officer:	Yes	
	No	

**OUTCOME OF APPEAL**

Refusal of request for access. Confirmed?	Yes		New decision <i>(if not confirmed)</i>	
	No			
Fees (Sec 22). Confirmed?	Yes		New decision <i>(if not confirmed)</i>	
	No			
Extension (Sec 26(1)). Confirmed?	Yes		New decision <i>(if not confirmed)</i>	
	No			
Access (Sec 29(3)). Confirmed?	Yes		New decision <i>(if not confirmed)</i>	
	No			
Request for access granted. Confirmed?	Yes		New decision <i>(if not confirmed)</i>	
	No			

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Relevant Authority**