

ACCESS TO INFORMATION

The Promotion of Access to Information Act 2 of 2000 ("the Act"), Section 51 manual for Constantia Life Limited ("Constantia Life").

Introduction

Constantia Life focuses on the long-term assurance business, including assistance products.

Particulars in Terms of the Section 51 Manual

67 Carlisle Street
Paardeneiland
Cape Town 7405

P O Box 335
Sea Point
8060

Information Officer

Contact Details [Section 51 (1) (a)] –

The following contact details can be used to obtain information from Constantia Life in accordance with the Act and this Manual.

Telephone: 010 500 0827
General E-mail: info@constantalife.net

Information Officer: Lourens Louw
E-mail: lourensl@conduitcapital.co.za
Website: <https://constantalife.net>

Constantia Life Limited | Reg No: 1952/000379/06

Tel: 010 500 0827 | 67 Carlisle Street. Paarden Eiland. Cape Town. 7405 | PO Box 335. Sea Point. 8060

Website: <https://constantalife.net>

Directors: TP Baloyi (Chairperson)*, LE Louw (Acting CEO & Executive Director), LK Mulaudzi*, M Lubega*
TC Moodley (*Independent Non-Executive Directors)

Constantia Life Limited is a licensed life insurer
Authorised Financial Services Provider (FSP No. 54067)

**Insurance
made
personal**

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:

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Fax number:

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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 (when made on behalf of another person)				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B):		Facsimile: <table border="1"><tr><td></td></tr></table>	
Cellular:				
Full names of person on whose behalf request is made (if applicable):				
Identity Number				
Postal Address				

Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		
PARTICULARS OF RECORD REQUESTED <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>			
Description of record or relevant part of the record:			
Reference number, if available			
Any further particulars of record			
TYPE OF RECORD <i>(Mark the applicable box with an "X")</i>			
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			

FORM OF ACCESS <i>(Mark the applicable box with an "X")</i>	
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 <i>(Mark the applicable box with an "X")</i>	
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 <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:	

FEES	
a)	<i>A request fee must be paid before the request will be considered.</i>
b)	<i>You will be notified of the amount of the access fee to be paid.</i>
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>
d)	<i>If you qualify for exemption of the payment of any fee, please state the reason for exemption</i>
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 (Please specify)

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 (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 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 (including copies of any virtual images, transcriptions and information held on computer or in an electronic or 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 disc 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 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)	

Kindly note that your request has been:

☐ Approved

☐ Denied, for the following reasons:

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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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor	R60.00		
• If provided to the requestor			
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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor	R60.00		
• If provided to the requestor			
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

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)	
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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

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>				
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED <i>(If lodged by a third party)</i>				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED <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	
GROUND FOR APPEAL <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 applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:				Yes
				No
OUTCOME OF APPEAL				
Refusal of request for access. Confirmed?	Yes		New decision (if not confirmed)	
	No			
Fees (Sec 22). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Extension (Sec 26(1)). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Access (Sec 29(3)). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Request for access granted. Confirmed?	Yes		New decision (if not confirmed)	
	No			

Signed at _____ this _____ day of _____ 20 _____

Relevant Authority