

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: 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

| |
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| |
| |
| |
| |

(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 | Tel. (B): | | Facsimile: <input type="text"/> |
| | 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 | | | |
| <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
(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: | |
| | |
| | |

| 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 <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: <i>(State Rank, Name And Surname of Information Officer)</i> | |
| 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. | |
|--|--|

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:

| |
|--|
| |
|--|

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 | | | |
| • If provided to the requestor | R60.00 | | |
| 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 | | | |
| • If provided to the requestor | R60.00 | | |
| 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) |
|-----------------|--|
| | |

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
(mark the appropriate box with an "X")

| | |
|---|--|
| 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 | |

GROUNDS FOR APPEAL

(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)

| | |
|---|--|
| 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: <i>(state rank, name and surname of Information Officer)</i> | | | | | |
| 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 <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