



Selfmed
MEDICAL SCHEME

SELFMED MEDICAL SCHEME

**REGISTRATION NUMBER:
1446**

MANUAL

**IN TERMS OF THE PROMOTION OF ACCESS TO
INFORMATION ACT, NO 2 OF 2000**

(As required in terms of Section 51 of the Promotion of Access to Information Act, No 2 of 2000)

1. PARTICULARS OF MEDICAL SCHEME AND AUTHORISED OFFICER

- 1.1 Name of Medical Scheme: Selfmed Medical Scheme
Registration number: 1446
VAT number: N/A
- 1.2 Authorised officer: Ms Nicole Williams
- 1.4 Head of company: Mr Christo Becker
- 1.5 Postal Address: P O Box 5543, Tygervalley, Cape Town, 7536
- 1.6 Street Address: Unit 9, 1st Floor, Canal Edge II, Tygerwaterfront,
Carl Cronje Drive, Tygervalley, Cape Town
- 1.7 E-mail Address: nicolew@selfmed.co.za
- 1.8 Website Address: www.selfmed.co.za
- 1.9 Telephone number: 021 943 2300
Fax number: 021 943 2301

2. HUMAN RIGHTS COMMISSION GUIDE

In terms of the Act, the Human Rights Commission will prepare a guide containing information required by a person wishing to exercise any right contemplated in the Act. Any queries concerning the guide should be referred to the Human Rights Commission in Johannesburg.

3. CATEGORIES OF RECORDS AVAILABLE WITHOUT A PERSON HAVING TO REQUEST ACCESS IN TERMS OF THE ACT

There is currently no description of categories of records which are automatically available in terms of Section 52(2) of the Act.

4. DESCRIPTION OF RECORDS AVAILABLE IN ACCORDANCE WITH THE FOLLOWING LEGISLATION

All records that are legally required to be kept by the company in terms of any applicable legislation, including the following legislation, are available:

- 4.1 Medical Schemes Act
- 4.2 Electronic Communications Security (Pty) Ltd Act
- 4.3 Public Accountants' and Auditors' Act
- 4.4 Companies Act
- 4.5 Financial Institutions (Investment of Funds) Act
- 4.6 Pharmacy Act
- 4.7 Health Professions Act
- 4.8 Allied Health Professions Act
- 4.9 Council for Medical Schemes Levies Act
- 4.10 Nursing Act
- 4.11 Prevention of and Treatment for Substance Abuse Act
- 4.12 Mental Health Act
- 4.13 Mental Health Care Act
- 4.14 Health Act
- 4.15 National Health Act
- 4.16 Labour Relations Act
- 4.17 Occupational Health and Safety Act
- 4.18 Basic Conditions of Employment Act
- 4.19 Employment Equity Act
- 4.20 Compensation for Occupational Injuries and Diseases Act
- 4.21 Unemployment Insurance Act
- 4.22 Financial Advisory and Intermediary Services Act
- 4.23 Road Accident Fund Act
- 4.24 Any other legislation relevant to the business concerned

5. HOW TO GO ABOUT REQUESTING RECORDS

Access to records may be requested by completing the prescribed form (attached hereto as Form C) and submitting it to the authorised officer as set out in paragraph 1 above. Once a request is received; the authorised officer will contact the requester to advise him/her about the further management of the request.

6. SUBJECTS AND CATEGORIES OF RECORDS HELD

Records relating to the following subjects and categories are held by the company and may be requested:

- 6.1 Close Corporation Secretarial records
- 6.2 Relations and Contracting
- 6.3 Human Resources
- 6.4 Information Technology Services
- 6.6 Healthcare and related Services and Products
- 6.7 Property Services
- 6.9 Purchasing Services
- 6.10 Training and Development

FORM C**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 101]**A. PARTICULARS OF PRIVATE BODY**

The Authorised Officer (Designated Information Officer): Ms Nicole Williams

Selfmed Medical Scheme

Fax: 021 943 2301

Email: nicolew@selfmed.co.za

B. PARTICULARS OF 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 and/or fax number in the Republic 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: _____

Fax number: _____

E-mail address: _____

Telephone number _____

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 record or relevant part of the record:

2. Reference number, if available:

3. Any further particulars of 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 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 exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. FORM OF ACCESS TO RECORD

If you are prevented by a disability to read, view 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:

NOTES:

- (a) Compliance with your request 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 access to the record, if any, will be determined partly by the form in which access is requested.

1. IF THE RECORD IS IN WRITTEN OR PRINTED FORM:

Copy of record* _____ Inspection of record * _____

** [mark the appropriate space with an X]*

2. IF RECORD CONSISTS OF VISUAL IMAGES

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

view the copy of the images* _____

transcription of the images* _____

** [mark the appropriate space with an X]*

3. IF RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND:

Listen to the soundtrack* (audio cassette) _____

Transcription of soundtrack* (written or printed document) _____

** [mark the appropriate space with an X]*

4. IF RECORD IS HELD ON COMPUTER OR IN AN ELECTRONIC OR MACHINEREADABLE FORM:

Printed copy of record* _____

Information derived from the record* _____

Copy in computer readable form (compact disc)* _____

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? ** Yes / No

Postage is payable.

** [mark the appropriate space with an X]*

*** [encircle]*

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 _____ this _____ day of _____ 20 ____

SIGNATURE OF REQUESTER

SIGNATURE OF PERSON ON WHOSE BEHALF REQUEST IS MADE (If applicable)