	MANUAL PREPARED IN TERMS OF SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO.2 OF 2000 (AS AMENDED)			
SAMWUM-ED Real Heritage. Real People. Real Health Care.	Author:	Information Officer	Issue Date:	July 2025
	Approver:	Information Officer	Review Date:	July 2026
	Doc. No:	APO014-06	Issue No:	06

ANNEXURE E (FORM 5): OUTCOME OF REQUEST AND OF FEES PAYABLE [Regulation 8]

- 1. If your request is granted
 - (a) Amount of the deposit, if any, is payable before your request is processed; and 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 req	uest dated	_ refers		

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 in Annexure B

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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 or 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	
Facisimile of information in written or printed format (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 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 • To be provided by requestor	D40.00		
(ii) Compact disc • If provided by requestor	R40.00		
If provided to the requestor	R40.00		
	R60.00	-	
For a transcription of visual images per A4-sizepage	Service to be outsourced. Will		
	depend on the		
Copy of visual images	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	R40.00	1	
(ii) Compact disc			
If provided by requestor	R40.00	1	
If provided to the requestor	R60. 00	=	
Postage, e-mail or any other electronictransfer:	Actual costs		
TOTAL:			

			REPARED IN TERMS			
		Author:	Information Officer		Issue Date:	July 2025
Real Heritage. Real People. Real Health Care) 3.	Approver:	Information Officer		Review	July 2026
		Doc. No:	APO014-06		Date: Issue No:	06
1. Deposit payable (if sea	rch exceeds six ho	urs):	,			
No						
Hours of	Amou	nt of deposi	t			
search	(calculo perreq		third of total amount			
Name of account holder:	SAMWUMED					
Type of account:	CORPORATE (CHEQUE A	CCOUNT			
Account number:	51330013990					
Branch Code:	204109					
Reference Nr:	Name and Surn	ame + PAIA	Ref. No.			
Submit proof of payment to:	francinam@san legalcompliance	nwumed.org @samwum	<u>or</u> ed.org			
Signed at	this	day of_		20		

Information Officer