

PAIA Request - Internal appeal

Reference number

Please complete this form fully and correctly, and sign it where required, in black ink. Then hand it over to one of our client service administrators. Alternatively, email it to **InformationOfficer@assupol.co.za**.
If you need assistance about this form, contact us on **0861 235 664 (0861 BELONG)**.

Particulars of private body

Name of public body

Name and surname of Information Officer

Particulars of complainant who lodges the internal appeal

Full names

Surname ID

Cell Tel

Email Fax

Residential or postal address

City or town Province Postal code

Is the internal appeal lodged on behalf of another person?

If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged, proof of the capacity in which appeal is lodged, if applicable, must be attached.

Particulars of person on whose behalf the internal appeal is lodged

Full names

Surname ID

Cell Tel

Email Fax

Residential or postal address

City or town Province Postal code

Decision against which the internal appeal is lodged

Mark 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 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:

Mark with an X

Postal address Fax Electronic communication (please specify)

Signature of Appellant/Third Party	<input type="text"/>	Date	<input type="text"/>
		Signed at	<input type="text"/>

For office use only

Request received by Information Officer

Date received

State position

Name and surname

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

Signature of Information Officer	<input type="text"/>	Date	<input type="text"/>
		Signed at	<input type="text"/>

Outcome of appeal

Refusal of request for access. Confirmed? yes no

New decision (if not confirmed)

Fees (Sec 22). Confirmed? yes no

New decision (if not confirmed)

Extension (Sec 26(1)). Confirmed? yes no

New decision (if not confirmed)

Access (Sec 29(3)). Confirmed? yes no

New decision (if not confirmed)

Request for access granted. Confirmed? yes no

New decision (if not confirmed)

Signature of Information Officer	<input type="text"/>	Date	<input type="text"/>
		Signed at	<input type="text"/>

About the insurer of the policy

Assupol Life Ltd (registration number 2010/025083/06), is an insurer licensed to conduct life insurance business. Authorised financial service provider. FSP53.

tel 0861 235 664
fax 012 366 3500
web assupol.co.za

PO Box 35900
Menlo Park
Pretoria 0102

Summit Place Office Park
Building 6, 221 Garstfontein road
Menlyn, Pretoria, 0181

Compliance department:
fax 087 230 5667
email compliance@assupol.co.za

Complaints department:
fax 087 230 5669
email complaints@assupol.co.za