SAFIRE INSURANCE COMPANY LIMITED
Reg No: 2000/027673/06 | A licensed non-life insurer and authorised financial services provider [FSP no: 2092]
HEAD OFFICE: Safire House, Redlands Estate, 1 George MacFarlane Lane, Wembley, Pietermaritzburg, 3201
POSTAL: P O Box 11475, Dorpspruit, 3206
TEL: 033 264 8500 / 033 815 9300
EMAIL: admin@safireinsurance.com
WEBSITE: www.safireinsurance.com

PAIA REQUEST FORM

Att: The Deputy Information Officer
compliance@safireinsurance.com

1. PARTICULARS OF REQUESTOR

Full names and surname: _____
ID no: _____
Tel no: _____
E-mail address: _____
Physical address: _____
_____
Postal address: _____
_____
_____

2. 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: _____
ID no: _____
Tel no: _____
E-mail address: _____
Physical address: _____
_____
Postal address: _____
_____
_____

3. CAPACITY (IF REQUEST IS MADE ON BEHALF OF ANOTHER PERSON)

_____
_____

4. PARTICULARS OF RECORD

Please 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 space provided is insufficient, please continue on a separate folio and attach it to this form. Please sign the additional folio(s).

1. **Description of record or relevant part of the record:**

2. **Reference number, if available:**

3. **Any further particulars of record:**

5. FORM OF ACCESS TO RECORD

Please indicate your preferred form of access to the record by marking the appropriate box with an 'X':
Access in the form requested may be refused in certain circumstances and you will be informed if access will be granted in another form.

1. If record is in written / printed form or held on computer or in an electronic or machine-readable form:

☐ Printed copy of record ☐ Copy in computer readable form (PDF)

Alternate delivery method (please specify):

2. If record consists of an audio recording / file, the requester will be provided with a copy of such recording / file.

A copy of the record will be emailed to you and access will be granted in the language in which the record is available.

6. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

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 above mentioned right:

7. FEES

A request for access to a record will be processed only after a request fee (currently of R50 excluding VAT) (subject to the updated tariff in accordance with the Regulations of the Act) has been paid upon receipt of an invoice from Safire Insurance Company Limited.

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. The requester will be advised of the additional access fee to be paid.

Please indicate if you qualify for exemption of the payment of any fee(s) by marking the appropriate box with an 'X' and, where required, provide us with proof of your annual income.

Person(s) exempted from paying fees:

☐ person(s) requesting access to his / her / their personal information

☐ Person(s) earning less than R14 712 per annum (if single) and R27 192 per annum (if married or have a life partner)

8. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified by email whether your request has been approved / denied. If you wish to be informed thereof in another manner, please provide the necessary particulars:

Signed at _____ on this _____ day of _____ 20 _____

Signature of requester _____

FOR OFFICE USE ONLY

Decision by Deputy Information Officer

Deputy Information Officer		Date