

PAIA APPEAL FORM

Att: The Information Officer
compliance@safireinsurance.com

1. PARTICULARS OF PERSON ON WHOSE BEHALF AN APPEAL IS LODGED

This section must only be completed if a third party (other than the requester) lodges the appeal.

Full names and surname:

ID no:

2. PARTICULARS OF PERSON WHO LODGES THE APPEAL

Full names and surname:

ID no:

Tel no:

E-mail address:

Physical address:

Postal address:

3. CAPACITY (IF APPEAL IS LODGED ON BEHALF OF ANOTHER PERSON)

4. THE DECISION AGAINST WHICH THE APPEAL IS LODGED

Mark the decision against which the appeal is lodged with an 'X' in the appropriate box:

☐

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(l) 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.

5. GROUNDS FOR APPEAL

State the grounds on which the appeal is based

State any other information that may be relevant in considering the appeal

6. NOTICE OF DECISION ON APPEAL

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 appellant

OFFICIAL RECORD OF APPEAL (FOR OFFICE USE ONLY)

Date of received:

Appeal accompanied by the reasons for the Deputy Information Officer's decision and, where applicable, the particulars of any third party to whom or which the record relates to.

Outcome of appeal

☐

Decision of Deputy Information Officer confirmed

☐

New decision substituted

Comments

Information Officer/Duly Authorised

Date