



Life

Promotion of Access to Information Act
(Act 2 of 2000)
Section 51 Manual for OUTsurance Life Insurance Company Limited
Co. Reg. No. 2007/035347/06

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2. FUNCTIONS & FUNCTIONAL STRUCTURE

OUTsurance Life is a direct Long Term insurance company, a member of the Rand Merchant Investment Holdings (RMIH) Group, a leading South African financial services group.

Purpose

The purpose of the company is:

“To carry on all types of insurance, reinsurance, assurance, underwriting and any other intermediary services in accordance with the Long -Term Insurance and FAIS Acts.”

3. BUSINESS AND MANAGEMENT STRUCTURE

OUTsurance Life conducts its business from a centralised Office situated in Centurion, Gauteng.

3.1. Board of Directors

L Dippenaar (Chairman), P Cooper, WT Roos, NL Nightingale, R Pretorius, GL Marx, A Hedding, K Pillay, J Madavo, F Knoetze, HL Bosman. DM Mathee (Chief Executive Officer)
Company Secretary: MA Ehlert.

3.2. Executive Committee

Burton Naicker, Jan Hofmeyr, Lynette Bisschoff, Peter Cronje, Suren Naidoo, Keneiloe Selamolela, Marthinus Visser, Wilbur Smith, Matt Cole, Natasha Kawulesar, Micky Maharaj and Danie Mathee (Chief Executive Officer).

4. CONTACT DETAILS

Information Officer: Mrs Natasha Kawulesar
Phone: + 27 (0) 12 675 4607
Fax: + 27 (0) 12 673 4788
E-mail: kawulesarn@out.co.za
Postal Address: P.O. Box 8443
Centurion
0046
Physical Address: 1241 Embankment Road
Centurion
0157



5. INFORMATION REQUESTS

In terms of Chapter 1, Section 50 of the Act, any person may request access to information from OUTsurance Life provided that:

1. The record is required for the exercise or protection of any rights;
2. The requester complies with the procedural requirements as defined in the Act for a request to access a record;
3. Access to a record is not refused on any ground for refusal as contemplated in the Act.

6. VOLUNTARY DISCLOSURE

In terms of Section 52 of the Act, the following categories of OUTsurance Life records are available without a person having to request access:

1. Annual Financial Reports;
2. Facility wordings and conditions;
3. Product Information;
4. Advertising pamphlets and brochures, and
5. Newsletters

Information is available upon request or, on the OUTsurance website: www.outsurance.co.za

7. ACCESS FORM

OUTsurance Life will entertain a request for access to a record as defined in terms of chapter 3, Section 53 of the Act provided that, the request is received on the prescribed form and addressed to the contact person as given in **paragraph 4** above. A form for use is added to this manual.

8. ACCESS FEES

In terms of Chapter 3, Section 54 of the Act, unless it is a ***personal request**, a request fee will be levied as prescribed before any further processing is made.

***A personal request means a requester seeking access to a record containing personal information that concerns them.**



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9. PROCEDURE TO REQUEST A RECORD

- (a) The following is the basic procedure to be followed when requesting a record.
- (b) The attached application form must be completed providing as much detail as possible.
- (c) OUTsurance Life will only process your application if it is received on the prescribed form.

When completing the form:

1. Provide your full personal and contact details;
2. If you are acting on behalf of another person state in what capacity, for example, legal guardian, next of kin etc. Note that proof of capacity must be attached;
3. If you are making the request on behalf of another person, you must provide that person's full names and identity number;
4. Provide a detailed description of the record required providing any reference numbers if possible;
5. If the request is for a record other than a record containing personal information about you, then prescribed fees are payable. Should you qualify for exemption, full details must be provided;
6. If you are unable to read, view or listen to the record requested due to disability, you must provide details of your disability and, in what form we must supply the record to you;
7. Mark with an (X) the appropriate record type option as provided on the form i.e., written, visual, audio or data that you require;
8. The "right" to be exercised or protected by you must be detailed as well as the reason for exercising or protecting this right;
9. The form must be dated and signed in the places provided for this purpose;
10. Once you have completed the application form it must be posted to, the Information Officer at the address given on the form or, faxed/e-mailed/delivered to the offices of OUTsurance Life as provided in the manual;
11. On receipt of your application, the Information Officer at OUTsurance Life will make a decision based on the information provided;
12. You will then receive a written notification based on the decision made and advising you further

Please note that all attachments/additional folios that you add to the form must be signed by you.



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10. RECORD TYPES THAT MAY BE REQUESTED

- a. Personal Records
- b. Financial Records
- c. Sales Records
- d. Client Care Records
- e. Claim Records
- f. Information Technology Records
- g. Secretariat Records
- h. "Other Parties" Records**

** Other Parties records are defined as those records pertaining to other parties held by OUTsurance Life or vice versa.

11. RECORDS THAT CANNOT BE FOUND OR DO NOT EXIST

In terms of Chapter 3, Section 55 of the Act, OUTsurance Life will after all reasonable steps have been taken to find the record requested, notify the requester as prescribed by affidavit or affirmation should the record not be found or, does not exist.

12. DECISION ON REQUEST AND NOTICE THEREOF

In terms of Chapter 3, Section 56 of the Act, OUTsurance Life will respond to the request as soon as possible within 30 days as per the provisions prescribed and notify the requester of the decision made.

13. GROUNDS FOR REFUSAL OF ACCESS TO RECORDS

In terms of Chapter 4 of the Act, OUTsurance Life reserves its right to refuse and/or grant access to records in accordance with the sections and subsections of this chapter.

14. THIRD PARTY NOTIFICATION AND INTERVENTION

In terms of Chapter 5 of the Act and its sections and sub-sections, OUTsurance Life will take all reasonable steps to inform a third party of a request received that pertains to them in the manner so prescribed in this chapter.



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15. TABLE OF FEES

| Ref. | Charges | Cost |
|------|---|---------------------|
| 1. | Electronic PDF copy of the Manual | Free |
| 2. | Posted Paper Copy of the Manual | R 15.00 |
| 3. | Request Fee (Other than a personal requestor) | R 50.00 |
| 4. | Access Fee: Electronic Record Format: A4 per page Reproduce: Electronic Record Format: A4 per page | R 00.75 R 00.75 |
| 5. | Access Fee: Photocopy Record Format: A4 per page Reproduce: Photocopy Record Format: A4 per page | R 1.10 R 1.10 |
| 6. | Access Fee: Record on Stiffy Disk Reproduce: Record on Stiffy Disk | R 7.50 R 7.50 |
| 7. | Access Fee: Record on Compact Disc | R 70.00 R 70.00 |
| 8. | Access Fee: Transcription of Visual Images: A4 page Reproduce: Transcription of Visual Images: A4 page | R 40.00 R 40.00 |
| 9. | Access Fee: Copy of Visual Images Reproduce: Copy of Visual Images | R 60.00 R 60.00 |
| 10. | Access Fee: Transcription of Audio record: A4 page Reproduce: Transcription of Audio record: A4 page | R 20.00 R 20.00 |
| 11. | Access Fee: Copy of Audio record Reproduce: Copy of Audio record | R 30 .00 R 30.00 |



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16. DEPOSIT

In terms of section 54 (2) of the act, OUTsurance Life may require a deposit in cases where searching for the record exceeds 6 hours. The deposit will represent one third of the access fee payable by the requester.



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17. APPLICATION FORM

REQUEST FOR ACCESS TO A RECORD

(Section 53(1) of the Promotion of Access to Information Act) (Act No. 2 of 2000)

The Information Officer
OUTsurance Life Insurance Company Limited
PO Box 8443
Centurion
0046

Request Details

Particulars of person requesting access to the record

Full names and surname:

Identity number:.....

Postal address:.....

Fax number:

Telephone number:

E-mail address:

Capacity in which request is made, when made on behalf of another person:

(Proof of the capacity in which the request is made, if applicable, must be attached.)

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:



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Identity number:

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.

Description of record or relevant part of the record

.....
.....
.....

Reference number, if available:.....

Any further particulars of record:

.....
.....
.....
.....

Fees

- A request for access to a record, other than a record containing personal information about you, will be processed only after a request fee has been paid.
- You will be notified of the amount to be paid as a request fee.
- The fee payable for access to a record depends on the form in which access is required and the time reasonably required to search for and prepare a record.
- If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

.....
.....



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.....
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:

- Compliance with your request in the specified form may depend on the form in which the record is available.
- 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.
- The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

(Mark the appropriate box with an X)

1. If the record is in written or printed form:
 - Copy of the record
 - Inspection of the record

2. If the record consists of visual images:
 - View the images
 - Copy of the images*
 - Transcription of the images*

3. If the record consists of recorded words or information which can be reproduced in sound:
 - Listen to the soundtrack (cassette)
 - Transcription of the soundtrack*

4. If the record is held on computer or in an electronic or machine-readable form:
 - Printed copy of the record*
 - Printed copy of information from the record
 - Copy in computer readable form (Stiffy or compact disc)

*If you requested a copy or transcription of a record, do you wish the copy or transcription



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to be posted to you? Yes

No

If yes, postage is payable.



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Particulars of right to be exercised or protected

(a) If the provided space is inadequate, please continue on a separate folio and attach it to this form. (b) The requester must sign all the additional folios.

Indicate which right is to be exercised or protected:

.....
.....

Explain why the record requested is required for the exercise or protection of the said right:

.....
.....

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 advised 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 / PERSON ON BEHALF OF REQUESTER