REQUEST FOR ACCESS TO A RECORD

Telephone: **0861 000 300** | Email: **info@mhcmf.co.za**

moto HEALTH CARE
taking care of our own

Please note: The Scheme reserves the right to request additional information if required. All personal information recorded on this form and submitted to us, shall be processed by Moto Health Care in accordance with the law and the Scheme's Privacy Policy, which is available on the website (www.mhcmf.co.za), or on request from our call centre (0861 000 300).

Important note: Please complete this form if you wish to have access to any record held by Moto Health Care. Your request for access may be for yourself or on behalf of a third party – please complete the applicable section of this form.

PARTICULARS OF PERSON/ENTITY REQUESTING ACCESS TO SCHEME RECORDS

Full name and surname			
Name of entity			
Identity/Passport number		Country of issue	
Contact telephone number			
Preferred email address			

Please provide the details for where the requested information may be sent if access to the record is granted.
Courier costs are payable by the requestor.

Street address for courier			
		Postal code	
Contact telephone number			
Preferred email address			

Capacity in which this request is made. Please provide proof of this capacity, if applicable, e.g. power of attorney or affidavit:

PARTICULARS OF THE PERSON/ENTITY ON WHOSE BEHALF REQUEST IS MADE

This section must be completed **ONLY** if a request for information is made on behalf of another person/entity.

Name of entity			
Full name and surname			
Identity/Passport number		Country of issue	
Contact telephone number			
Preferred email address			

Particulars of the person/entity on whose behalf request is made continued on page 2

PARTICULARS OF THE PERSON/ENTITY ON WHOSE BEHALF REQUEST IS MADE (CONTINUED)

Reason(s) why this request is being made on their behalf (e.g. the person is a minor or is otherwise unable to submit the request themselves due to mental/physical impairment):

DETAILS OF RECORD TO WHICH ACCESS IS REQUESTED

If this request applies to one of our members, please provide the membership details, where applicable.

Membership number			
Benefit option		Dependant code	
Full name and surname			
Identity/Passport number			

Provide full particulars of the record to which access is requested to enable the record to be located. If the space provided is insufficient, please continue on a separate page and attach it to this form. **The requestor must sign all the additional pages.**

Description of record or relevant part of the record e.g. telephone call recording or transcript:

Full and particular details of record being requested:

FEES

- A request for access to a record, other than a record containing personal information will be processed only after a **request fee** has been paid. You will be notified of the amount required to be paid as the request fee.
- The **access fee for a record** depends on the format in which access is required and the reasonable time required to search for and prepare a record.

Fees continued on page 3

FEES (CONTINUED)

If you qualify for exemption of the payment of any fee, please state the reason(s) for exemption:

FORMAT OF ACCESS TO A RECORD

Notes:

- Compliance with your request in the specified format may depend on the format in which the record is available.
- Access in the format requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another format.

If you are unable to read, view or listen to the record in the format of access provided for in points 1 to 4 below, please state your impairment, if applicable, and indicate an alternative format in which the record is required.

Details of impairment, if applicable:

Alternative format in which record is required:

Please tick the appropriate box below.

1. If the record is in **written or printed format**:
   - ☐ copy of record
   - ☐ inspection of record
2. If the record consists of **visual images** (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):
   - ☐ view the images
   - ☐ copy of the images
   - ☐ transcription of the images (written document)
3. If the record consists of **recorded words or information that can be reproduced in sound**:
   - ☐ listen to the soundtrack (audio)
   - ☐ transcription of soundtrack (written or printed document)
4. If record is **stored on a computer or in an electronic or machine-readable format**:
   - ☐ printed copy of record
   - ☐ printed copy of information derived from the record
   - ☐ copy in computer-readable format (CD, USB flash drive, hard drive)

RIGHT TO BE EXERCISED OR PROTECTED

If the space provided is insufficient, please continue on a separate page and attach it to this form. **The requestor must sign all the additional pages.**

Indicate which right is to be exercised or protected:

Explain why the record that is being requested is required to exercise or protect the aforementioned right:

NOTICE OF DECISION REGARDING REQUEST FOR ACCESS TO A RECORD

You will be notified in writing whether your request has been approved/denied. If you wish to be informed 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?

DECLARATION BY REQUESTOR

I, the undersigned, hereby certify that the information provided in this application form is true and correct to the best of my knowledge and belief.

Signature of requestor

Date DD/MM/YYYY

FOR OFFICE USE ONLY

To be completed by an authorised representative of Moto Health Care

Reference number assigned to this request

Name and surname of authorised representative receiving this request

Request fee (if applicable)

R

Access fee (if applicable)

R

Important note: Please indicate which fee is applicable to this request.

Signature of authorised representative receiving this request

Date DD/MM/YYYY

12/2025