

MEDICLINIC GROUP OF COMPANIES
MANUAL IN TERMS OF
THE PROMOTION OF ACCESS TO INFORMATION ACT, NO 2 OF 2000

Manual of the Mediclinic Group of Companies (as per the individual companies and entities on the attached list, herein represented by Mediclinic Ltd) prepared in terms of section 51 of the Promotion of Access to Information Act, No 2 of 2000.

1. **Particulars of Company and authorised officer**

Name of company : Mediclinic Ltd
Registration number: 1969/009218/06

Authorised officer : Mrs Clara Findlay
(Legal Services)

Postal Address : P O Box 456, STELLENBOSCH, 7599

Street Address : Mediclinic Offices, Strand Road,
STELLENBOSCH

Telephone number : +27 21 809 6500

Fax number : +27 21 809 6755

E-mail address : clara.findlay@mediclinic.co.za

2. **Human Rights Commission Guide**

The Human Rights Commission has prepared a guide in terms of S10 of the Promotion of Access to Information Act, containing information required by a person wishing to exercise any right contemplated in the Act. Any queries concerning the guide should be referred to the Human Rights Commission in Johannesburg.

Website Address : www.sahrc.org.za

Head Office Address : 29 Princess of Wales Terrace, Cnr York and St
Andrews Street, Parktown, Johannesburg
Private Bag 2700, Houghton, Johannesburg 2041

Telephone number : (011) 484 8300

3. **Categories of records available without a person having to request access in terms of the Act**

There is currently no description of categories of records which are automatically available in terms of section 52(2) of the Act.

4. **Description of records that are available in accordance with the following legislation**

All records that are legally required to be kept by the company in terms of the following legislation are available:

- 4.1 Companies Act
- 4.2 Labour Relations Act
- 4.3 Occupational Health and Safety Act
- 4.4 Basic Conditions of Employment Act
- 4.5 Employment Equity Act
- 4.6 Compensation for Occupational Injuries and Diseases Act
- 4.7 Unemployment Insurance Act
- 4.8 National Health Act
- 4.9 Any other legislation relevant to the business concerned

5. **How to go about requesting records**

Access to records may be requested by completing the prescribed form, (attached and known as Form C) and submitting it to the authorised officer as set out in paragraph 1.

Once a request is received, the authorised officer will contact the requester to advise him/her about the further management of the request.

6. **Subjects and categories of records held**

Records relating to the following subjects and categories are held by the company and may be requested:

- 6.1 Company Secretarial records
- 6.2 Funder Relations and Contracting
- 6.3 Hospital related records
- 6.4 Human Resources
- 6.5 Information Technology Services
- 6.6 Legal Services
- 6.7 Marketing
- 6.8 Nursing Services
- 6.9 Pharmacy Services
- 6.10 Property Services
- 6.11 Purchasing Services
- 6.12 Technical Services
- 6.13 Training and Development

LIST OF COMPANIES / ENTITIES

- Alumni Trading 231 (Pty) Ltd
- Apex Healthcare Services (Pty) Ltd
- Auckland Medicine Distributors (Pty) Ltd
- Blue Beacon Investments 81 (Pty) Ltd
- Curamed Holdings Ltd
- Curamed Holdings Ltd Share Incentive Trust
- Curamed Hospitals (Pty) Ltd t/a Mediclinic Gynaecological Hospital
- Curamed Hospitals (Pty) Ltd t/a Mediclinic Heart Hospital
- Curamed Hospitals (Pty) Ltd t/a Mediclinic Kloof
- Curamed Hospitals (Pty) Ltd t/a Mediclinic Medforum
- Curamed Kloof Properties (Pty) Ltd
- Curamed Nominees Trust
- Curamed Properties (Pty) Ltd
- Curamed Stakeholder Trust
- DJH Defty (Pty) Ltd
- ER24 EMS (Pty) Ltd
- ER24 Holdings (Pty) Ltd
- ER24 Trademarks (Pty) Ltd
- Ermelo Medi-Clinic Doctors' Trust
- Eureka Private Hospital Property Trust
- E Thekwini Private Hospital (Pty) Ltd
- Hedrapath Investments (Pty) Ltd
- Hedrapix Investments (Pty) Ltd
- Hermanus Private Hospital Doctors' Trust
- Howick Private Hospital (Pty) Ltd t/a Mediclinic Howick
- Howick Private Hospital Holdings Ltd
- Kimberley Medi-Clinic Doctors' Trust
- Legae Medi-Clinic (Pty) Ltd
- Leopont 456 Properties (Pty) Ltd
- Limpopo Medi-Clinic Trust
- Medical Human Resources (Pty) Ltd
- Medical Innovations (Pty) Ltd

LIST OF COMPANIES / ENTITIES (Continued)

- Mediclinic Barberton (Pty) Ltd t/a Mediclinic Barberton
- Mediclinic Brits (Pty) Ltd t/a Mediclinic Brits
- Mediclinic Ermelo (Pty) Ltd t/a Mediclinic Ermelo
- Mediclinic Europe (Pty) Ltd
- Mediclinic Finance Corporation (Pty) Ltd
- Mediclinic Group Services (Pty) Ltd
- Mediclinic Hermanus Ltd t/a Mediclinic Hermanus
- Mediclinic International Ltd
- Mediclinic Investments Ltd
- Mediclinic Kimberley (Pty) Ltd t/a Mediclinic Kimberley
- Mediclinic Limpopo Investments (Pty) Ltd
- Mediclinic Limpopo Ltd t/a Mediclinic Limpopo
- Mediclinic Ltd
- Mediclinic Ltd t/a Marapong Private Hospital
- Mediclinic Ltd t/a Mediclinic Bloemfontein
- Mediclinic Ltd t/a Mediclinic Cape Gate
- Mediclinic Ltd t/a Mediclinic Cape Town
- Mediclinic Ltd t/a Mediclinic Constantiaberg
- Mediclinic Ltd t/a Mediclinic Durbanville
- Mediclinic Ltd t/a Mediclinic Emfuleni
- Mediclinic Ltd t/a Mediclinic Geneva
- Mediclinic Ltd t/a Mediclinic George
- Mediclinic Ltd t/a Mediclinic Highveld
- Mediclinic Ltd t/a Mediclinic Hoogland
- Mediclinic Ltd t/a Mediclinic Kathu
- Mediclinic Ltd t/a Mediclinic Klein Karoo
- Mediclinic Ltd t/a Mediclinic Legae
- Mediclinic Ltd t/a Mediclinic Louis Leipoldt
- Mediclinic Ltd t/a Mediclinic Milnerton
- Mediclinic Ltd t/a Mediclinic Morningside
- Mediclinic Ltd t/a Mediclinic Muelmed
- Mediclinic Ltd t/a Mediclinic Nelspruit
- Mediclinic Ltd t/a Mediclinic Panorama

LIST OF COMPANIES / ENTITIES (Continued)

- Mediclinic Ltd t/a Mediclinic Pietermaritzburg
- Mediclinic Ltd t/a Mediclinic Plettenberg Bay
- Mediclinic Ltd t/a Mediclinic Sandton
- Mediclinic Ltd t/a Mediclinic Secunda
- Mediclinic Ltd t/a Mediclinic Stellenbosch
- Mediclinic Ltd t/a Mediclinic Strand
- Mediclinic Ltd t/a Mediclinic Vereeniging
- Mediclinic Ltd t/a Mediclinic Vergelegen
- Mediclinic Ltd t/a Mediclinic Welkom
- Mediclinic Ltd t/a Mediclinic Worcester
- Mediclinic Management Services (Pty) Ltd
- Mediclinic Middle East (Pty) Ltd
- Mediclinic Paarl (Pty) Ltd t/a Mediclinic Paarl
- Mediclinic Potchefstroom (Pty) Ltd t/a Mediclinic Potchefstroom
- Mediclinic Properties (Pty) Ltd
- Mediclinic Southern Africa Ltd
- Mediclinic Tzaneen (Pty) Ltd t/a Mediclinic Tzaneen
- Mediclinic Tzaneen Investments (Pty) Ltd
- Mediclinic Upington (Pty) Ltd t/a Mediclinic Upington
- Medipark Clinic (Pty) Ltd
- Mpilo Investment Holdings 1 (Pty) Ltd (RF)
- Mpilo Investment Holdings 2 (Pty) Ltd (RF)
- Newcastle Private Hospital Ltd t/a Mediclinic Newcastle
- Phodclinics (Pty) Ltd
- Pieter Kruger Venter Inc
- Practice Relief (Pty) Ltd
- Reef Medical Property Holdings (Pty) Ltd
- Solar Spectrum Trading 242 (Pty) Ltd
- Thabazimbi Medi-Clinic Trust t/a Mediclinic Thabazimbi
- The Mpilo Trust
- The Potchefstroom Medi-Clinic Doctors' Trust
- Tshwane Private Hospitals (Pty) Ltd
- Umdoni Private Hospital Development (Pty) Ltd

LIST OF COMPANIES / ENTITIES (Continued)

- Victoria Hospital Investments (Pty) Ltd
- Victoria Hospital Ltd t/a Mediclinic Victoria
- Victoria Hospital Pharmacy (Pty) Ltd
- Wits University Donald Gordon Medical Centre (Pty) Ltd t/a Wits Donald Gordon Medical Centre

FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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

[Regulation 10]

A. Particulars of private body

The Head:

B. Particulars of person requesting access to the record

- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(a) The particulars of the person who requests access to the record must be given below.</p> <p>(b) The address and/or fax number in the Republic to which the information is to be sent must be given.</p> <p>(c) Proof of the capacity in which the request is made, if applicable, must be attached.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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:

C. Particulars of person on whose behalf request is made

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

Full names and surname: _____

Identity number: _____

D. Particulars of record

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(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.</p> <p>(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.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

2. Reference number, if available: _____

3. Any further particulars of record: _____

E. Fees

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>(b) You will be notified of the amount required to be paid as the request fee.</p> <p>(c) 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.</p> <p>(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Reason for exemption from payment of fees: _____

F. 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:

Mark the appropriate box with an X.

NOTES:

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

1. If the record is in written or printed form:

<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
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2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images	<input type="checkbox"/>	transcription of the images*
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3. If record consists of recorded words or information which can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
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4. If record is held on computer or in an electronic or machine-readable form:

<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*	<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)
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* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? **Please note that postage is payable.**

YES

NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

G. Particulars of right to be exercised or protected

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.**

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 aforementioned right:

H. 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 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?

Signed at _____ this _____ day of _____ 20_____.

**SIGNATURE OF REQUESTER / PERSON
ON WHOSE BEHALF REQUEST IS MADE**