



APPENDIX D – INTERNAL APPEAL

FORM 4

LODGING OF AN INTERNAL APPEAL

[Regulation 9.]

Reference number: _____

PARTICULARS OF PUBLIC BODY			
Name of public body:			
Name and surname of Deputy Information Officer:			
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		
E-mail Address:			
Is the internal appeal lodged on behalf of another person?		Yes	No
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)			
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		
E-mail Address:			
DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED (mark the appropriate box with an "X")			
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 (1) 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:			
GROUNDS FOR APPEAL			
(If the provided space is inadequate, please continue on a separate page and attach it to this form, all the additional pages must be signed.)			



Province of the
EASTERN CAPE
HEALTH

State the grounds on which the internal appeal is based:

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

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication (Please specify)

Signed at _____ this _____ day of _____ 20 _____

Signature of appellant/third party

FOR OFFICIAL USE

OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by:
(state rank, name and surname of Deputy Information Officer)

Date 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, submitted by the Deputy Information Officer:

Yes

No



OUTCOME OF APPEAL				
Refusal of request for access. Confirmed?	Yes		New decision (if not confirmed)	
	No			
Fees (Sec 22). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Extension (Sec 26 (1)). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Access (Sec 29 (3)). Confirmed?	Yes		New decision (if not confirmed)	
	No			
Request for access granted. Confirmed?	Yes		New decision (if not confirmed)	
	No			

Signed at _____ this _____ day of _____ 20 _____

Relevant authority