for the

CENTRAL RETIREMENT ANNUITY FUND ("Fund") Registrar of Pension Funds PF Number of the Fund — 12/8/4038

The Fund is a pension fund as defined in the Pension Funds Act 24 of 1956. It is a private body as defined by the Act.

A. CONTACT DETAILS

Head of the Fund (Principal Officer)
 The registered address of the Fund
 The postal address of the Fund
 The contact telephone number for the Fund
 The contact facsimile number for the Fund
 The e-mail address of the Head of the Fund

Thabile Gratia Nekile
2 Strand Road, Bellville
PO Box 1, Sanlamhof, 7532
(021) 947 5829
Not available
Thabile.nekile@sanlam.co.za

B. SOUTH-AFRICAN HUMAN RIGHTS COMMISSION GUIDE

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Private Bag 2700 Houghton 2041

Tel (+ 27 11) 484 8300

Fax (+ 27 11) 484 0582

Web www.sahrc.org.za

C. FUND RECORDS AVAILABLE IN TERMS OF THE PENSION FUNDS ACT, 24 OF 1956

- (a) Copies of the registered rules of the Fund (including amendments) are available on request by a **member** of a Fund after payment of any fees determined by the rules of the Fund.
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Address

446 Rigel Avenue Pretoria

Telephone

(012) 428 8000

Facsimile

(012) 3470221

Website

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- Annuity option forms

Disability (if applicable):

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- Certain communication with the Adjudicator, SARS and FSB
- Original or copy of fidelity and professional indemnity policy (where applicable)

Julule 10 March 2015

for the

SANLAM LINKED RETIREMENT ANNUITY FUND ("Fund") Registrar of Pension Funds PF Number of the Fund – 12/8/37801

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Head of the Fund (Principal Officer)
 The registered address of the Fund
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Address

Riverwalk Office Park, Block B, 41 Matroosberg Road (Corner Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park,

Pretoria

Telephone

(012) 428 8000

Facsimile

(012) 346 6941

Website

www.fsb.co.za

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E. AVAILABILITY OF THE MANUAL

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- Annuity option forms

Disability (if applicable):

- Medical Reviews -correspondence (where applicable)
- Payment/Benefit confirmation

Miscellaneous

- Copy of signed rules and amendments
- Confirmation of registration and tax approval
- Minute book
- Trustees register
- Original or copies of any insurance policy documents relating to risk benefits and investments
- Copies of communication sent to members
- Copy of service agreement between Fund and Administrator and any other service provider
- Correspondence to the trustees in respect of Fund matters
- Correspondence to members/beneficiaries/pensioners, where applicable
- Copies of Pension Funds Adjudicator complaints lodged
- Certain communication with the Adjudicator, South African Revenue Service and Financial Services Board
- Original or copy of fidelity and professional indemnity policy (where applicable)

10 March 2015

for the

SANLAM PRESERVATION PENSION FUND ("Fund") Registrar of Pension Funds PF Number of the Fund – 12/8/28800

The Fund is a pension fund as defined in the Pension Funds Act 24 of 1956. It is a private body as defined by the Act.

A. CONTACT DETAILS

Head of the Fund (Principal Officer)
 The registered address of the Fund
 The postal address of the Fund
 The contact telephone number for the Fund
 The contact facsimile number for the Fund
 The e-mail address of the Head of the Fund

Thabile Gratia Nekile
2 Strand Road, Bellville
PO Box 1, Sanlamhof, 7532
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Address

446 Rigel Avenue Pretoria

Telephone Facsimile (012) 428 8000 (012) 3470221

Website www.fsb.co.za

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And Charle

for the

SANLAM PRESERVATION PROVIDENT FUND ("Fund") Registrar of Pension Funds PF Number of the Fund – 12/8/28801

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Head of the Fund (Principal Officer)
 The registered address of the Fund
 The postal address of the Fund
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Thabile Gratia Nekile
PO Box 1, Sanlamhof, 7532
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Jwehle 10 March 2015

for the

CENTRAL PROVIDENT FUND ("Fund") Registrar of Pension Funds PF Number of the Fund – 12/8/22704

The Fund is a pension fund as defined in the Pension Funds Act 24 of 1956. It is a private body as defined by the Act.

A. CONTACT DETAILS

1.	Head of the Fund (Principal Officer)	Thabile Gratia Nekile
	The registered address of the Fund	2 Strand Road, Bellville
3.	The postal address of the Fund	PO Box 1, Sanlamhof, 7532
	The contact telephone number for the Fund	(021) 947 5829
	The contact facsimile number for the Fund	Not available
6.	The e-mail address of the Head of the Fund	Thabile.nekile@sanlam.co.za

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Awelale 10 march 2015

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

[Regulation 10]

Α.	Particulars	Ωf	nrivate	hody
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В.	Particulars	of	person	req	uesting	access	to	the	record
----	-------------	----	--------	-----	---------	--------	----	-----	--------

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

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

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

Full names and surname:

Identity number:

D. 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.
- 1 Description of record or relevant part of the record:
- 2 Reference number, if available:
- 3 Any further particulars of record:

E. Fees

- (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.
- (b) You will be notified of the amount required to be paid as the request fee.
- (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.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

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 m available. (b) Access in the form requested may be refused in certa informed if access will be granted in another form. (c) The fee payable for access for the record, if any, will is requested. 	in circumstances. In such a case you will be

1. If ti	ne record is in written or pri	nted form:					
	copy of record*	inspection of record	inspection of record				
	cord consists of visual imag ncludes photographs, slides,	jes video recordings, computer-generat	ted imag	es, sketo	ches, etc)		
	view the images	transcription of the					
3. If re sound:		vords or information which can be	e reproc	luced in			
	listen to the soundtrack audio cassette transcription of soundtrack* written or printed document						
4. If re	cord is held on computer o	r in an electronic or machine-reac	dable fo	rm:			
printed copy of record*							
copy or	requested a copy or transcript transcription to be posted to e is payable.	ion of a record (above), do you wish you?	n the	YES	NO		

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 info	rmed of the de	ecision regarding your request	for access to the record?
Signed at	This	day of	20

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE