

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
Act 2 of 2000)

A. PARTICULARS OF PRIVATE BODY

B. PARTICULARS OF PERSON REQUESTING 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 of South Africa to which the information must be sent must be 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 page and attach it to this form. The requester must sign all the additional pages.

Description of the record or relevant part of the record:

Reference number, if available:

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 THE 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, please state your disability and indicate in which form the record is required.

Disability:

Form in which the record is required:

Mark the appropriate form of the record 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 the access is requested.

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

Copy of record Inspection of record

2. If record consists of visual images:

View the images Copy of the images Transcription of the images*

3. If record consists of recorded words or information which can be reproduced in sound:

Listen to the soundtrack CD/audio cassette/other Transcription of soundtrack*
(written or printed document)

4. If record is held on computer or in an electronic or machine-readable form:

Printed copy of record Printed copy of information derived from the record Copy in computer-readable form
(Disc or other)

* If you requested a copy or transcription of a record (above), do you wish the copy or transcription be posted to you? Postage is payable.

Yes No

G. PARTICULARS OF RIGHTS TO BE EXERCISED OR PROTECTED

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

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 or 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 of20.....

SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE