ANNEXURE A

REQUEST FOR ACCESS TO RECORD/S

NOTE:

- Proof of identity must be attached by the requester.
 If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

TO: The Information	Officer
(Addres	s)
E-mail address:	
Fax number:	
Mark with an " X"	
Request is mad	e in my own name Request is made on behalf of another person.
	PERSONAL INFORMATION
Full Names	
Identity Number	
Capacity in which request is made (when made on behalf of another person)	
Postal Address	
Street Address	
E-mail Address	
Contact Numbers	Tel. (B): Facsimile:
F H	Cellular:
Full names of person on whose behalf request is made (<i>if</i> <i>applicable</i>):	
Identity Number	
Postal Address	

Street Address				
E-mail Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			I
	PAR	TICULARS OF RECORD REC	QUESTED	
that is known to you, to	o enable th	ord to which access is reque ne record to be located. (If the attach it to this form. All additio	e provided sp	bace is inadequate, please
Description of record or relevant part of the record:				
Reference number, if available				
Any further particulars				
of record				
		TYPE OF RECORD (Mark the applicable box with	an " X ")	
Record is in written or p	rinted form	1		
Record comprises virt computer-generated im		s (this includes photographs ches, etc)	s, slides, vic	deo recordings,
Record consists of reco	rded words	s or information which can be	reproduced ir	n sound
Record is held on a con	nputer or in	an electronic, or machine-rea	adable form	

FORM OF ACCESS (Mark the applicable box with an "X")	
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive(including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

MANNER OF ACCESS (Mark the applicable box with an "X")

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language	
(Note that if the record is not available in the language you prefer, access may be granted in	
the language in which the record is available)	

PARTIC	ULARS OF RIGHT TO BE EXERCISED OR PROTECTED
If the provided space is in	adequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.
Indicate which right is to be exercised or protected	

Explain why the record requested is required for	
the exercise or protection of the	
aforementioned right:	

	FEES				
a)	A request fee must be paid before the request will be considered.				
b)					
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				
Reaso					

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication (Please specify)		
Signed at	this	day of 20		

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:	
Request received by:	
(State Rank, Name And	
Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer

FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

Note:

- 1. If your request is granted the—
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received.
- 2. Please use the reference number hereunder in all future correspondence.

Reference number: _____

TO: _____

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)* is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

OR

Printed copies of the information (including copies of any virtual images, transcriptions and	
information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video	
recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive(including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

3. To be submitted:

You requested:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language:	
(Note that if the record is not available in the language you prefer, access may be granted in	
the language in which the record is available)	

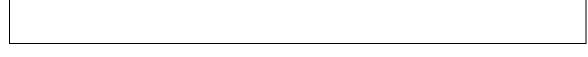
Kindly note that your request has been:

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2.

Approved

Denied, for the following reasons:



Fees payable with regards to your request: 4.

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
 For a copy in a computer-readable form on: (i) Flash drive To be provided by requestor (ii) Compact disc If provided by requestor 	R40.00 R40.00		
 If provided to the requestor 	R60.00		
For a transcription of visual images per A4-size page Copy of visual images	Service to be outsourced. Will depend on the quotation of the		
	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record(i)Flash drive•To be provided by requestor(ii)Compact disc	R40.00		
If provided by requestor	R40.00		
If provided to the requestor	R60. 00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

Deposit payable (if search exceeds six hours): 5.

Yes	No No	
Hours of search	Amount of deposit (calculated on one third of total amount per request)	

The amount must be paid into th Name of Bank: Name of account holder: Type of account: Account number: Branch Code: Reference Nr: Submit proof of payment to:		nk account:	
Signed at	this	day of	20
Information officer			