

ANNEXURE A

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2 of 2000)
(Regulation 4)

1.1 Particulars of private body

The Head

1.2 Particulars of person requesting access to the record

The particulars of the person who requests access to the records must be recorded below. Furnish an address and/or e-mail address in the Republic to which information must be sent. Proof of the capacity in which the request is made, if applicable, must be attached.

Full name and Surname
Identity number
Postal address
Telephone number
Email address

Capacity in which request is made, when made on behalf of another person

A. 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 name and Surname
Identity number

B. Particulars of record

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. 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 folio's.**

i. Description of record or relevant part of the record
ii. Reference number, if available
iii. Any further particulars of record

1.3 Fees

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

Reason for exemption from payment of fees

1.4 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: Your indication as to the required form of access depends on the form in which the record is available. 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. 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

Copy of record*		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.)

View the images		Copy of the images*		Transcription of the images*	
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3. If record consists of recorded words or information which can be reproduced in sound			
Listen to the soundtrack		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* (CD or DVD)	
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable		YES		NO	

C. 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 folio's.

Indicate which right is to be exercised or protected
Explain why the requested record is required for the exercising 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 thereof 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 you request for access to the record?

Signed at _____ on this _____ day of _____ 20 _____

SIGNATURE OF REQUESTER