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

A. PARTICULARS OF PRIVATE BODY

Company name: ________________________________________________________________

Registration number: ___________________________________________________________

B. PARTICULARS OF PERSON REQUESTING ACCESS

a. Particulars of the person requesting the access must be given below.

b. The address and/or fax number and/or email address 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: _________________________________________________________________
Tel number: _________________________________________________________________
Fax number: _________________________________________________________________
Email address: _________________________________________________________________
Capacity in which request is made (if made on behalf of another person): _______________

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must only be completed 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.

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

Description of record or relevant part of the record: _________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Reference number, if available: _________________________________________________
Any further particulars: ________________________________________________________

E. FEES

a. A request for access will only be processed after the required fee has been paid.

b. You will be notified of the amount required to be paid.

c. If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption: ________________________________________________________

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, please state your disability and indicate in which form the record is required. Compliance with your request may depend on the form in which the record is available and access in the form requested may be refused in certain circumstances – in such a case you will be informed if the access will be granted in any other form.

Disability: __________________________________________________________________

Form in which the record is required: ____________________________________________

Mark the appropriate box with an X.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. If the record is in written or printed form:</td>
<td></td>
</tr>
<tr>
<td>Copy of record*</td>
<td>Inspection of record</td>
</tr>
<tr>
<td>2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):</td>
<td></td>
</tr>
<tr>
<td>View the images</td>
<td>Copy of the images*</td>
</tr>
<tr>
<td>3. If record consists of recorded words or information which can be reproduced in sound:</td>
<td></td>
</tr>
<tr>
<td>Listen to the soundtrack audio cassette</td>
<td>Transcription of soundtrack, written or printed document*</td>
</tr>
<tr>
<td>4. If record is held on computer or in an electronic of machine-readable form:</td>
<td></td>
</tr>
<tr>
<td>Printed copy of record*</td>
<td>Printed copy of information derived from the record*</td>
</tr>
</tbody>
</table>

*If you requested a copy or transcription of a record, do you want the copy/transcription to be posted to you? (Postage will be payable by you) | YES | NO
G. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the space provided is inadequate, please continue on a separate page and attach it to this form – the requester must sign all 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: ________________________________

___________________________________________________________________________

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.

Please inform me as follows: ________________________________

___________________________________________________________________________

___________________________________________________________________________

SIGNED AT ____________________ THIS _____ DAY OF _______________ 20__.

____________________________
Signature of requester / person on whose behalf request is made