



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.*

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.

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