

**ANNXURE B OF NOTICE 187 IN THE GOVERNMENT GAZETTE ON 15 FEBRUARY 2002**

**FORM A**

**REQUEST FOR ACCESS TO RECORD OF A PUBLIC BODY**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2002)

**[REGULATION 2]**

**FOR OFFICIAL USE**

Reference number: \_\_\_\_\_

Request received by (state rank, name and surname of information officer/deputy information officer) on \_\_\_\_\_ (date) at \_\_\_\_\_ (place).

Request fee (if any): R.....

Deposit (if any): R.....

Access fee: R.....

\_\_\_\_\_  
**SIGNATURE OF INFORMATION OFFICER/  
DEPUTY INFORMATION OFFICER**

**A. Particulars of public body**

The Information Officer/Deputy Information Officer: \_\_\_\_\_

**B. Particulars of person requesting access to the record**

- (a) The particulars of the person who requests access to the record must be recorded below.
- (b) Furnish an address and/or fax number in the Republic to which information must be sent.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax 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 folio and attach it to this form.

**The requester must sign all additional folios.**

1 Description of the Record or relevant part of the record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Reference number, if available: \_\_\_\_\_

3 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 the request fee has been paid.
- (b) You will be notified of the amount of the request fee.
- (c) The fee payable for access to a record depends on the form in which the 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 therefore.

Reason for exemption of payment of the fee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Disability:	Form in which the record is required:

Mark the appropriate box with an "X"

NOTES:

- (a) Your indication as to the required form of access depends 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 access is requested.

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

<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
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**2. If the 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"/>	Transcription of the images*
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**3. If the record consists of recorded words or information which can be reproduced in sound:**

<input type="checkbox"/>	Listen to the soundtrack (compact disc)	<input type="checkbox"/>	Transcription of the soundtrack* (written or printed document)
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**4. If the record is held on computer or in an electronic or machine-readable form:**

<input type="checkbox"/>	Printed copy of the record	<input type="checkbox"/>	Printed copy of information derived from the record*	<input type="checkbox"/>	Copy in computer readable form* (compact disc)
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\* If you requested a copy or transcription of a record (above) do you wish the copy to be posted to you?

<b>A postal fee is payable</b>	YES	NO
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**G. 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 additional folios.

Indicate which right is to be exercised or protected:

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

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**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 your request for access to the record?

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE**