FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

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

[Regulation 2]

FOR DEPARTMENTAL	USE	
	Reference number:	
Request received by:		
(state rank, name and su	rname of information officer/deputy information o	fficer)
on	(date) at(place).
Request fee (if any):	R	
Deposit fee (if any):	R	
Access fee:	R	
	SIGNATURE OF INFORM OFFICER/DEPUTY INFORMATION OFFICER	

A. Particulars of public body

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

	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 the additional folios.									
	Description of 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 a request fee has been paid.								
	(b) You will be notified of the amount required to be paid as the request fee.								
	(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.								

This section must be completed ONLY if a request for information is made on behalf of

Identity/Passport number:

C. Particulars of person on whose behalf request is made

Reason for exemption from payment of fees:

Postal address: Fax number:

Telephone number: E-Mail Address

another person.

F. Form of access to record

required. Disability:					Form in	whic	h record is	s requi	red:			
Ма	ark the	e appropriate b	ох и	ith an	"X"	<u> </u>						
NC	TES:	:										
	(a)	a) Your indication as to the required form of access depends on the form in which						h the				
		record is av	ailal	ole.								
	(b)	(b) Access in the form requested may be refused in					in certain	circum	nstance	s. In suc	h a	
		case you wil	l be	inform	ed i	f access will be	gran	ted in and	other fo	orm.		
	(c)	The fee paya	able	for ac	cess	s to the record, i	f any	v, will be c	leterm	ined		
		partly by the	forn	n in wh	nich	access is reque	stea	! <u>.</u>				
1.	lf tl	he record is in	pri	nted f	orm	:						
X		Copy of reco	rd*			Inspection of re	cord					
2.	If re	cord consists	of	visual	ima	iges:						
	(this	includes photo	gra	ohs, sl	ides	, video recordin	gs, c	omputer-	genera	ited		
	ima	ges,sketches,	etc).									
		view the images X			copy of the images*				transcription of the			
									images*			
3.	If re	cord consists	of	record	led '	words or inform	natio	on which	can b	e repro	duced i	n
80	und:											
		Listen to the			transcription of soundtrack*							
		soundtrack (audio			X (written or printed document)							
		cassette)										
			cor	npute	or	in an electroni	c or	machine	_			
١		able form:	- X				1	 				
			ted copy derived			copy in computer readable						
	re	record* from		the record*		form*(stiffy or compact disc)			1			
											YES	NO
		roquiactad a cal	^\/ ^	r tranc	crint	tion of a record	(abo	ve) do vo	u wish	the .		X

Note that if the record is not available in the language you prefer, access may be granted in the	е
language in which the record is available.	

In which language would you prefer the record? English

G. 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 record?	informed of the	decision regarding your request for access to the
Signed at	this	day of
	SIGNA	TURE OF REQUESTER