

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

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act 2 of 2000))

**[Regulation 2]**

<b>FOR OFFICIAL USE</b>	
	Request No.: _____
	File No.: _____
Request received by _____	on _____
	(name and rank of request officer)
_____ at _____	on behalf of the Information officer (IO)
(date)	(place)
of the institution _____	(state name and rank of IO)
Request fee (if any) : R _____	/ receipt No. _____
Deposit for access fee (if any) : R _____	/ receipt No. _____
Access fee (if any) : R _____	/ receipt No. _____
	_____
	SIGNATURE OF REQUEST OFFICER

**A PARTICULARS OF PUBLIC BODY**

(Supply the address of the institution below)

The Information Officer

.....  
 .....  
 .....  
 .....

**B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

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

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

Identity number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

\_\_\_\_\_ Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail 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 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 the additional folios.***

1. 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 the 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 the record depends on the form in which access is required and the reasonable time required to search for and prepare the record.*
- (d) *If you qualify for exemption of the payment of any fee, please state the reason therefor.*

Reason for exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Disability: _____	Form in which record is required: _____
_____	_____
_____	_____
_____	_____

*Mark the appropriate box with a cross (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
------------------------------------------	-----------------------------------------------

<b>2. If record consists of visual images –</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)					
	view the images		copy of the images*		transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound –</b>					
	listen to the soundtrack (audio cassette)				transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form -</b>					
	printed copy of record*		printed copy of information derived from the record*		copy in computer readable form* (stiffy or compact disc)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?				YES	NO
<b>A postal fee is payable.</b>					
<i>Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.</i>					
<i>In which language would you prefer the record? _____</i>					

**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 informed of the decision regarding your request for access to the record? \_\_\_\_\_

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

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