# 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 6]

**FOR DEPARTMENTAL 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 fee (if any): R .....................................

Access fee: R .....................................

**SIGNATURE OF INFORMATION OFFICER**

**A. Particulars of public body**

The Information Officer/Deputy Information Officer:

Wikus Van Vuuren

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

1. *The particulars of the person who requests access to the record must be given below.*
2. *The address and/or fax number in the Republic to which the information is to be sent, must be given.*
3. *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname:

Identity number: Postal address:

Fax number:Telephone number:

E-mail:

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

1. *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.*
2. *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.***
3. Description of the record or relevant part of the record:
4. Reference number, if available:
5. Any further particulars of the record:

### E. Fees

1. *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.*
2. *You will be notified of the amount required to be paid as the request fee.*
3. *The* ***fee payable for the 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.*
4. *If you qualify for the exemption of the payment of any fee, please state the reason for exemption.*

Reason for the exemption from payment of fees:

### F. From of access to record

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *If you are prevented by disability to read, view of 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 an* ***X.***  *NOTES:*   1. *Compliance with your request for access in the specified form may depend on the form in which the record is available.* 2. *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.* 3. *The fee payable for the 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:** | | | | | | | | |
|  | copy of record\* |  | inspection of record | | | | | |
| 2. **If the record consists of visual images-**  (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.): | | | | | | | | |
|  | view the images |  | copy of the images\* | | |  | | transcription of the images\* |
| 3. **If record consists of recorded words or information which can be reproduced in sound:** | | | | | | | | |
|  | listen to the soundtrack (audio cassette) |  | transcription of soundtrack\* (written or printed document) | | | | | |
| 4. **If record is held on computer or in an electronic or machine-readable form:** | | | | | | | | |
|  | 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?  **Postage is payable.** | YES | NO |
| *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.* | | |
| In which language do you prefer the record? |  | |
|  | | |

### G. Particulars of rights to be exercised or protected

*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 this day of .

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE