

**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 6]

<b>FOR DEPARTMENTAL USE</b>	
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 fess:	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**

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

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

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

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

Telephone 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 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 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.

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 below, 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:**

- (a) Compliance with your request for access in the specified form may depend 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:**

	copy of record*		inspection of record
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**2 If record consists of virtual images-**  
(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

	view the images		copy the images*		transcription of the images*
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**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)
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**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)
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* If you requested a copy of transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>Postage is payable</b>	YES	NO
<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>		
In which language would you prefer the record? _____		

**G Notice of decision of regarding request for access**

*You will be notified in writing whether your request has been approved/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.*

How would you prefer to be informed of the decision regarding your request for access to the record?

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

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

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