

# 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 DEPARTMENT	AL USE				
	•	Reference nun	nber:		
Request received by		· · · · · · · · · · · · · · · · · · ·			(state rank,
name and surname o	of information officer/deputy information	on officer) on	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	(date)
at		······			(place).
Request fee (if any):	R		, v		
Deposit (if any):	R				
Access fee:	R				
SIGNATURE OF INF	ORMATION OFFICER/DEPUTY INF	ORMATION OFFICER		•	•

# A. Particulars of public body

The Information Officer/Deputy Information Officer:

# B. Particulars of person requesting access to the record

<ul><li>(a) The particulars of the pe</li><li>(b) The address and/or fax r</li><li>(c) Proof of the capacity in v</li></ul>	number	in the I	Republi	ic to wh	nich the	informa	ation is	to be s	ent, mu	ıst be g	iven.	~	
Full names and sumame:				••••	· · · · · · · · · · · · · · · · · · · ·								
Identity number:													
Postal address:				• • • • • • • • • • • • • • • • • • • •									
Telephone number:	()	)				Fa	x numb	ег: (	)				
E-mail address:													
Capacity in which request is	made,	when i	made o	n beha	if of and	other pe	erson:						
											•		
			•										
										,			
					'	1					.:		
C. Particulars of person on	whose	e behai	If reque	est is n	nade								
This section must be comple	eted Of	VLY if a	reques	st for in	formation	on is ma	ade on	behalf	of anotl	her pen	son.		
												_	
										·-			
Full names and surname:									<i>-</i>				
Full names and surname:													
Identity number:												············	
Identity number:  D. Particulars of record  (a) Provide full particulars				h acce	ss is re	quester	d, includ	ding the				that is	known
Identity number:  D. Particulars of record	ecord to is inade	o be loc equate,	ated.						e refere	nce nu	mber if		
D. Particulars of record  (a) Provide full particulars to you, to enable the re(b) If the provided space	ecord to is inade onal fol	o be loc equate, lios.	cated. please	e contin					e refere	nce nu	mber if		
D. Particulars of record  (a) Provide full particulars to you, to enable the record (b) If the provided space must sign all the additional contents to the record of the provided space must sign all the additional contents to the contents	ecord to is inade onal fol	o be loc equate, lios.	cated. please	contin	nue on a	a separ		o and a	e refere	nce nu	mber if	The req	

2. Reference number, if available:		· · · · · · · · · · · · · · · · · · ·		
3. Any further particulars of record:				
		,		
		***************************************		
E. Fees				•
<ul> <li>(a) A request for access to a record, processed only after a request fee h</li> <li>(b) You will be notified of the amount re</li> <li>(c) The fee payable for access to a re required to search for and prepare a</li> <li>(d) If you qualify for exemption of the p</li> </ul>	nas be quirec cord d a recor	en paid. I to be paid as the request fee. Jepends on the form in which ac rd.	cess is I	required and the reasonable time
Reason for exemption from payment of fee	es:			
F. Form of access to record		•		
If you are prevented by a disability to read state your disability and indicate in which f	d, view form th	or listen to the record in the fore record is required.	rm of ac	ccess provided for in 1 to 4 below,
Disability:				Form in which record is required:
Mark the appropriate box with an X.				
NOTES: (a) Compliance with your request for accompliance with your request for accompliance.	ess in	the specified form may depend	on the fo	orm in which the record is
available.  (b) Access in the form requested may be access will be granted in another form (c) The fee payable for access to the reco	n.			
1. If the record is in written or printed form	n:			
copy of record*		inspection of record		
2. If record consists of visual images - (this includes photographs, slides, video	record	lings, computer-generated image	es, sket	ches, etc.):
view the images		copy of the images*		transcription of the

# FORM A: REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

				images*		,
3. If record	consists of recorded words or	information which can be reproduced	in sound		<del></del>	l
	listen to the soundtrack (audio cassette)	transcription of soundtrack* (written or printed document)				
4. If record	is held on computer or in an e	lectronic or machine-readable form;		<u>,                                      </u>		Ц
<b></b> -	printed copy of record*	printed copy of information derived from the record*		copy in cor readable fo (stiffy or co		
transcription Postage is j	n to be posted to you? payable.	of a record (above), do you wish the or		YES	NO	
record is av	ailable.	ne language you prefer, access may b	e grante	d in the lang	guage in which	h the
In which lan	nguage would you prefer the re	ecord?	<u> </u>			
You will be manner, ple	ease specify the manner and p	for access  r request has been approved / denied rovide the necessary particulars to endecessary particulars to endecessary particulars.	able con	npliance wit	h your reques	ther t.
						,
Signed at	,,,,	this day of	······································		, <b>уе</b> аг .	*****
•		•				
	·	SIGNATURE OF PERSON ON WI			QUEST IS MAI	DE

Submit vla Email



# FORM B NOTICE OF INTERNAL APPEAL (Section 75 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 8]

		ST	ATE Y	OUR R	EFERE	NCE N	UMBEI	₹:		,,,,,,,,,,,				٠.
A. Particulars of public bo	dy													
The Information Officer/Dep	uty info	rmatior	Office	r:										
•														
•														
B. Particulars of requester														
<ul><li>(a) The particulars of the period</li><li>(b) Proof of the capacity in the capacity in</li></ul>	which a d perso	ppeal is on and	s lodge	d, if app	olicable	, must l	oe attac	ched.		mation	, the pa	articula	rs of the	e
requester must be given at	C belov	v.												_
Full names and surname:														
Identity number:														7
Postal address:							·······		.,					
Telephone number:	<b>(</b>	)				., Fa	x numb	er:	<b>(</b> )	) <i></i>	• • • • • • • • • • • • • • • • • • • •			
E-mail address:				· 										
Capacity in which an interna	al appea	al on be	half of	anothe	r perso	n is lod	ged:							

•													
C. Particulars of requester													
This section must be compl	eted O	NLY if a	a third p	arty (o	ther tha	n the re	queste	r) lodge	es the i	ntemal a	appeal.		
	·				٠.								
Full names and surname:													
Identity number:				<u> </u>	T		.,,,,,,,	T	1		1	T	T
•						1		L			<u> </u>	<u> </u>	1
D. The decision against wi					_	ith an X	in the	approp	riate bo	x:			
Refusal of reque	est for a	ccess					·	•					
Decision regard	ing fees	presci	ibed in	terms	of section	on <b>22</b> of	the Ac	t					
Decision regard section 26(1) of	ing the the Act	extensi	on of th	e perio	d withir	which	the rec	uest m	ust be	dealt wi	th in te	rms of	
Decision in term	s of se	ction 28	(3) of t	he Act	to refus	e acces	s in the	form i	equest	ed by th	ne requ	ester	
Decision to gran	t reque	st for a	ccess										
E. Grounds for appeal													
If the provided space is inac additional folios.	lequate	, pleas	e contin	ue on	a separ	ate folio	and at	tach it	to this f	orm, Yo	ou must	sign a	il the
State the grounds on which t									,				
											······································		
<u></u>				^ - • • • •		**********	••••••					•••••	
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	· · · · · · · · · · · · · · · · · · ·	i					- *					· · · · · · · · · · · · · · · · · · ·	
				••••									
State any other information t	nat may	be rek	evant in	consid	dering th	ne appe	al:					1	

# F. Notice of decision on appeal

please specify the mar								
State the manner:				***************************************				• • •
Particulars of manner:								• • •
Signed at		this day	, of			уеаг	******	
					•		· ·	
•	•						,	
				,			OF APPELLA	NT
FOR DEPARTMENTA	AL USE:		,	4				
	OFF	FICIAL RECORE	OF INTER	RNAL APPE	AL:		4.	
Appeal received on			(date) by			<u>,-</u>		
Appeal accompanied (	by the reasons for	the information o	officer's/dep	uty informat	ion officers	decision an	d, where	
applicable, the particu	lars of any third pa	rty to whom or w	hich the re	cord relates,	submitted	by the Inforn	nátion	
officer/deputy informat	tion officer on	· · · · · · · · · · · · · · · · · · ·			(date) to t	he relevant a	authority	
OUTCOME OF APPE	AL:							•••
DECISION OF INFOR	MATION OFFICE	R/DEPUTY INFO	PRMATION	OFFICER O	CONFIRME	D/NEW DEC	SISION	
NEW DECISION:					· :		· <u>· · · · · · · · · · · · · · · · · · </u>	
DATE RELEVANT AU	ITHORITY	· 						
RECEIVED BY THE II	NFORMATION OF	FICER/DEPUTY	INFORMA	TION OFFI	CER FROM	THE RELE	VANT	
AUTHORITY ON (date	e):							



#### REPUBLIC OF SOUTH AFRICA

# FORM C REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]

A. Particulars of private bo The Head:	ody		
	· ·		
		••	
		,	
B. Particulars of person re	questing access to the record		
(b) The address and/or fax	erson who requests access to the record must be given below. number in the Republic to which the information is to be sent mus which the request is made, if applicable, must be attached.	t be given.	
(6)			
Full names and surname:			
Identity number:			
Postal address:	·		
Telephone number:	(,) Fax number: ()		. <b>.</b>
E-mail address: Capacity in which request i	s 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:	 	 	 	 	 	 	
(dentity number:	 						

#### D. Particulars of record

	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.  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. D	escription of record or relevant part of the record:
2. R	eference number, if available:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	······································
	ny further particulars of record:
E. F	ees
(a) (b) (c) (d)	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.  You will be notified of the amount required to be paid as the request fee.  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.  If you qualify for exemption of the payment of any fee, please state the reason for exemption.
Rea	son 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 approp	oriate box with an X.			
available. (b) Access in the access will be	e form requested may be refuse be granted in another form.	the specified form may depend on the ed in certain circumstances. In such a any, will be determined partly by the fo	case you will be inf	ormed if
1 if the record	is in written or printed form:			•
	by of record*	inspection of record		
2. If record cor (this include	nsists of visual images - s photographs, slides, video	recordings, computer-generated Im	nages, sketches, e	tc.):
vie	w the images	copy of the images*	transcription of timages*	the
3. If record cor	sists of recorded words or in	formation which can be reproduce	d in sound:	
	en to the soundtrack udio cassette)	transcription of soundtrack* (written or printed document)		
4. If record is t	ield on computer or in an elec	tronic or machine-readable form:		
pri	nted copy of record*	printed copy of information derived from the record*	copy in compute readable form* (stiffy or compa	.,
*If you requeste transcription to Postage is paya	be posted to you?	cord (above), do you wish the copy or	YES	NO
3. Particulars o	f right to be exercised or prot	ected		
if the provided s	pace is inadequate, please con must sign all the additional fo	tinue on a separate folio and attach it lios.	to this form.	•
1. Indicate which	right is to be exercised or prote	cted:		
	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
			*****	
				·
2. Explain why th	ne record requested is required f	or the exercise or protection of the af	orementioned right:	
	······			
		· ·		