

**Template:
Request for Access
to Information**



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

Reference Number: _____

A. Particulars of private body

The Head: _____

B. Particulars of person requesting access to the record

- | | |
|-----|--|
| (a) | <i>The particulars of the person who requests access to the record must be given below.</i> |
| (b) | <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</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, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

<i>This section must be completed ONLY if a request for information is made on behalf of another person.</i>
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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:

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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:
<p>Mark the appropriate box with an X. NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	

1. If the record is in written or printed form:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record		
2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	transcription of the images*		
3. If record consists of recorded words or information which can be reproduced in sound:					
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)		
4. If record is held on computer or in an electronic or machine-readable form:					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	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.			<table border="1"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>	YES	NO
YES	NO				

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G. Particulars of right to be exercised or protected

*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. Indicate which right is to be exercised or protected:

2. Explain why the record requested is required for the exercise or protection of the
aforementioned right: _____

H. 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 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**