

# 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	TAL 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 (if any):	R	
Access fee:	R	
SIGNATURE OF INF	FORMATION OFFICER/DEPUTY INFORMATION OFFICER	

## A. Particulars of public body

The Information Officer/Deputy Information Officer:

## B. Particulars of person requesting access to the record

(a) The particulars of the person who requests access to the record must be given below.

· · · · · · · · · · · · · · · · · · ·		ne reque	est is m	nade, if	applica	ble, mu	ist be a	ttached	l.				
		<u> </u>											
Full names and surname:													
Identity number:													
Postal address:													
Telephone number:	() Fax number: ()												
E-mail address:													
Capacity in which request is	s made	, when i	made o	n beha	If of and	other pe	erson:						
			_										
C Darticulare of norcon or													
C. Particulars of person of	ı wnos	e behal	ir reque	est is n	nade								
C. Particulars of person or  This section must be completed.						on is m	ade on	behalf	of anot	her per	son.		
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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>	has been equired to ecord dep a record.	paid. be paid as the request feends on the form in which	ee. n access is	required and the reasona	
Reason for exemption from payment of fee	es:				
F. Form of access to record					
Maria de la companya del companya de la companya de		. liatan ta tha na ann in th			4 h ala
If you are prevented by a disability to read state your disability and indicate in which f			e form of a	ccess provided for in 1 to	4 below,
Disability:				Form in which r	ecord
•				is required:	
Mark the appropriate box with an <b>X</b> .					
NOTES: (a) Compliance with your request for account of the complex control of the	ess in the	specified form may depe	end on the f	orm in which the record is	3
available. (b) Access in the form requested may be	refused	n certain circumstances	In such a c	asa yau will ba informad i	f
access will be granted in another form		in certain circumstances.	III Sucii a c	ase you will be illioillied i	ı
(c) The fee payable for access to the rece	ord, if any	, will be determined partl	y by the for	m in which access is requ	iested.
1. If the record is in written or printed form	m:				
copy of record*		spection of record			
2. If record consists of visual images - (this includes photographs, slides, video	recording	js, computer-generated ir	nages, sket	ches, etc.):	
view the images	С	opy of the images*		transcription of the	

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					images*		
3. If record	consists of recorded words or	r inforr	nation which can be reproduced	in soun	d:		
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)				
4. If record	is held on computer or in an e	electro	nic 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)		
	n to be posted to you?	of a re	cord (above), do you wish the co	opy or	YES	NO	
Note that if record is av		the lan	guage you prefer, access may b	oe grant	ed in the lang	guage in whic	h the
In which lar	nguage would you prefer the r	ecord	?				
You will be manner, ple	ease specify the manner and	ur requ	uest has been approved / denied e the necessary particulars to er sion regarding your request for a	nable co	mpliance with	h your reques	
Signed at			this day of			year	
			SIGNATURE O PERSON ON W			QUEST IS MA	ADE