



**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 2)

FORM No: RW REC 00022 F

REV NO: 01

EFFECTIVE DATE:
SEPTEMBER 2017

FOR DEPARTMENTAL USE:

Reference No

A

The name and postal or street address, telefax number or e-mail address of the Information Officer must be stated below.

The Information Officer/Deputy Information Officer:

B Particulars of person requesting access to the record

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

Full names and surname:

Identity number:

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Postal address:

Contact telephone number: ()	Cell number
Telefax number: ()	E-mail address:

Capacity in which request is made, when made on behalf of another person:

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C Particulars of person on whose behalf request is made

This section must only be completed if a request for information is made on behalf of another person.

Full names and surname:

Identity number:

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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 space provided for is insufficient to complete this section, 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:

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3. Any further particulars of record:

E Fees

1. ***A request for access to the record will only be processed after a request fee has been paid, unless you are exempted from paying such fee.***
2. ***You will be notified of the amount required to be paid as the request fee.***
3. ***The fee payable for access to the record depends on the form in which access is required.***
4. ***If you believe that you qualify for exemption of the payment of the prescribed fee, please state the reason for your belief.***

Reason for exemption from payment of fees:

F Form of access to record

- Mark the appropriate box with an "X".**
- NOTES:**
1. ***Your indication as to the required form of access depends 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 access to the record, if any, will partly be determined 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 record consists of visual images - (this includes photographs, slides, video recordings, computer generated images, sketches etc)		
	view the images	copy 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	copy in computer readable form *

			derived *		(stiffy or compact disc)
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Mark your choice below. REMEMBER - If you require a record to be posted to you, you will have to pay a postal fee.

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you	YES	NO
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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 would you prefer the record?

G Notice of decision regarding request for access.

You will be notified in writing whether your request has been approved. 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 _____ on this _____ day of _____ 20__

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

<p>FOR DEPARTMENTAL USE</p> <p>Request received by _____</p> <p>(state rank, name and surname of deputy information officer) on _____ at _____ (place)</p> <p>_____</p> <p>SIGNATURE OF DEPUTY INFORMATION OFFICER</p>
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