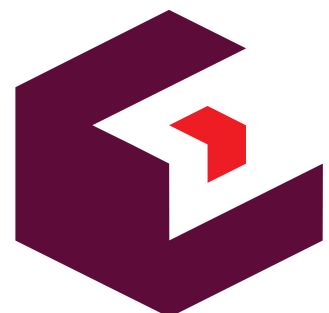




REQUEST FOR ACCESS FORM (IN TERMS OF THE PROMOTION OF ACCESS TO INFORMATION ACT)			
NAME OF THE COMPANY TO WHOM THE REQUEST IS MADE			
[Insert full name of company]			
PARTICULARS OF PERSON REQUESTING ACCESS TO INFORMATION			
Surname		First names	
Identity number		E-mail address	
Telephone no.		Facsimile no.	
Postal address			
PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE (IF APPLICABLE)			
Surname		First names	
Identity number		E-mail address	
Telephone no.		Facsimile no.	
Postal address			
PARTICULARS OF RECORDS REQUESTED			
REFERENCE (if applicable)			



FORM OF ACCESS TO RECORD

NOTES:

The particulars of the person who requests access to the record must be given.

- a) The address and/or fax number in the Republic to which the information is to be sent must be given.
- b) Proof of the capacity in which the request is made, if applicable, must be attached.
- c) Compliance with your request in the specified form may depend on the form in which the record is available.
- d) 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.
- e) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.
- f) 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.
- g) If the provided space is inadequate, please continue on a separate folio and attach it to this form.
- h) The requester must sign all the additional folios.

(Mark the appropriate shaded box with an X.)

1. IF THE RECORD IS IN WRITTEN OR PRINTED FORM:

<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	Inspection of record
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2. IF THE 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"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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3. IF THE RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND:

<input type="checkbox"/>	listen to the soundtrack	<input type="checkbox"/>	Transcription of soundtrack*(written or printed)
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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"/>	printed copy of information derived from the record*	<input type="checkbox"/>	copy in computer readable form* (flash drive or compact disc)
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* If you requested a copy or transcription of a record (above), do you wish the copy or transactions to be posted to you?	YES	NO
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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 above, state your disability and indicate in which form the record is required.

Disability:

Form in which record is required:

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

EXPLANATION OF WHY RECORD IS REQUIRED FOR EXERCISE OR PROTECTION OF ABOVEMENTIONED RIGHT

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.

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.

SIGNATURE

Signed at

Date

Signature of the Requester

