

**FORM A**

**REQUEST FOR ACCESS TO RECORD**

(Section 53 (1) of the Promotion of Access to Information Act, 2 of 2000)

**A. PARTICULARS OF THE COMPANY**

Name of the Company: .....

Registration Number of the Company: .....

The Head: .....

Email Address: .....

**B. PARTICULARS OF THE PERSON REQUESTING ACCESS TO THE RECORD**

- a. Kindly provide the full particulars of the person requesting access to the record below.
- b. Kindly provide the postal address and/or fax number in the Republic to which the information must be sent below.
- c. Proof of the capacity in which the request is made (if applicable) must be attached to this form.

Full names and Surname: .....

Identity Number: .....

Postal Address: .....

Fax Number: .....

Email Address: .....

Contact Number: .....

Capacity in which the request is made should the request be made on behalf of another person:

.....

*(please attach proof of the capacity to this form)*

**C. PARTICULARS OF THE PERSON ON WHOSE BEHALF THE REQUEST IS MADE**

*(this section is only to be completed if the request is made on behalf of another person)*

Full names and Surname: .....

Identity Number: .....

**D. PARTICULARS OF THE RECORD REQUESTED**

The following information must be completed below:

- a. Full particulars of the record;
- b. The reference number of the record (if available);
- c. All further information of the record.

Full particulars of the record:

.....  
.....

Reference number of the record (if available):

.....

Further information of the record:

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.....  
.....

**E. REQUEST FEES**

Please note the following with regards to the request fees:

- a. The request for access to the record will only be processed after payment of the request fee.
- b. You will be notified of the amount payable as the request fee and the banking details for payment thereof.
- c. The fee payable as the request fee will be determined based on the form in which access is required as well as the reasonable time required in searching for and preparing the record in the requested form.
- d. If you qualify for exemption of the payment of the fee concerned, kindly state the reason for your exemption below.

Reason for exemption:

.....  
.....  
.....

**F. FORM OF ACCESS TO THE RECORD**

If you are prevented by an impairment or disability to read, view or listen to the record in the form of access provided below, kindly state your disability and indicate in which form the record is required by yourself.

Disability:

.....  
 .....

Form in which the record is required:

.....  
 .....

Please indicate with X:

a. If the record is written or in printed form:

	I want a copy of the record.
	I want to inspect the record.

b. If the record consists of visual images such as photographs, slides, video recordings, sketches etc:

	I want a copy of the images.
	I want to view the images.
	I want a transcription of the images

c. If the record consists of recordings or information that can be reproduced in sound:

	I want to listen to the recording. (Copy of the recording)
	I want a transcription of the recording. (Typed document of the recording)

d. If the record is held electronically:

	I want a printed copy of the record.
	I want a printed copy of the information derived from the record.
	I want the record electronically. (Memory stick)

If a copy or a transcription of the record is requested, do you wish to have the copy or transcription posted or emailed to you? Please indicate below with X.

	Email
	Post (Please note that postage is payable should this option be elected)

**G. PARTICULARS OF THE RIGHT TO BE EXERCISED OR PROTECTED**

*(if the space provided below is inadequate, please continue on separate folios to be attached to this form. All additional folios should be signed by the Requester)*

Right to be exercised or protected:

.....  
.....  
.....  
.....  
.....

Kindly indicate why the record is requested for the exercise or protection of the abovementioned right:

.....  
.....  
.....  
.....  
.....

**H. NOTICE OF DECISION REGARDING THE REQUEST FOR ACCESS TO THE RECORD:**

Kindly state below how you would prefer to be informed of the decision regarding your request for access to the record?

.....

Signed at ..... On the ..... Day of .....

\_\_\_\_\_  
SIGNATURE OF REQUESTER