

REPUBLIC OF SOUTH AFRICA

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

A. Particulars of private bo The Head:	dy											
B. Particulars of person re	auestina	a acce	ess to t	the rec	ord							
						ord mi	ict bo o	iivon h	alow.			
(a) The particulars of the person who requests access to the record must be given below.(b) The address and/or fax number in the Republic to which the information is to be sent must be given.(c) Proof of the capacity in which the request is made, if applicable, must be attached.												
Full names and surname:												
Identity number:												
Postal address:												
Telephone number:	(.)				Fa	x numb	er: ())		
E-mail address:												
Capacity in which request is	made, v	when r	made c	on beha	alf of and	other pe	erson:					
C. Particulars of person on	whose	behal	f requ	est is r	nade							
This section must be comple	eted ON	LY if a	reque	st for in	nformation	on is ma	ade on	behalf	of anot	her per	son.	
Full names and surname:												

Identity number:

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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.

Description of record or relevant part of the record:					
2. Refe	rence number, if available:				
3. Any 1	further particulars of record:				
E. Fees	3				
(a) (b)	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. You will be notified of the amount required to be paid as the request fee. The fee payable for access to a record depends on the form in which access is required and the reasonable time				
(c) (d)	required to search for and prepare a record. If you qualify for exemption of the payment of any fee, please state the reason for exemption.				
Reasor	for exemption from payment of fees:				

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 below, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required:					
Mark the appropriate box with an X .						
available. (b) Access in the form requested may be access will be granted in another form	cess in the specified form may depend on the e refused in certain circumstances. In such a cm. cord, if any, will be determined partly by the for	case you will be inf	formed if			
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 image	ages, sketches, e	etc.):			
view the images	copy of the images*	transcription of images*	the			
	s or information which can be reproduced	in sound:				
listen to the soundtrack (audio cassette)	transcription of soundtrack* (written or printed document)					
<u> </u>	an electronic 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)				
*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.						
	se continue on a separate folio and attach it to	o this form.				
The requester must sign all the addition 1. Indicate which right is to be exercised of						
-	······					
Explain why the record requested is required for the exercise or protection of the aforementioned right:						

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H. Notice of decision regarding request for access

You will be notified in writing whether your request has bee manner, please specify the manner and provide the necess	'''
How would you prefer to be informed of the decision regarding	
Signed at this day	ofyear
	SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE