

**ANNEXURE A**

**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 body:**

The Head:

---

---

---

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

- |  |
|--|
| <p>(a) <i>The particulars of the person who requests access to the record must be given below.</i></p> <p>(b) <i>The address and/or fax number in the Republic to which the information is to be sent, must be given.</i></p> <p>(c) <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i></p> |
|--|

Full names and surname: \_\_\_\_\_

---

Identity number: \_\_\_\_\_

---

Postal address: \_\_\_\_\_

---

---

---

Attention: \_\_\_\_\_

Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

---

---

---

**C. Particulars of person on whose behalf request is made:**

<p><i>This section must be completed ONLY if a request for information is made on behalf of another person.</i></p>
---

Full names and surname: \_\_\_\_\_

---

Identity number: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference number, if available: \_\_\_\_\_

Any further particulars of record: \_\_\_\_\_

\_\_\_\_\_

**E. 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.

Reason 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.

**NOTES:**

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) 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.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

**1. If the record is in written or printed form:**

<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
--------------------------	-----------------	--------------------------	----------------------

2. <b>If record consists of visual images</b> - (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"/>		<input type="checkbox"/>	transcription of the images*		
3. <b>If record consists of recorded words or information which can be reproduced in sound:</b>					
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)		
4. <b>If record is held on computer or in an electronic or machine-readable form:</b>					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*		
<input type="checkbox"/>		<input type="checkbox"/>	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? <b>Postage is payable.</b>			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				

**G. Particulars of right to be exercised or protected**

*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.***

Indicate which right is to be exercised or protected: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why the record requested is required for the exercise or protection of the aforementioned right: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. 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.*

How would you prefer to be informed of the decision regarding your request for access to the record? \_\_\_\_\_  
 \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
 SIGNATURE OF REQUESTER / PERSON  
 ON WHOSE BEHALF REQUEST IS MADE