

**FORM B**

**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 4]**

**A. Particulars of private body**

The Head:

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

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

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

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

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

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

Telephone 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 be completed only if a request for information is made on behalf of another person.*

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.***

1. Description of record or relevant part of the record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. 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 therefor.*

Reason for exemption from payment of fees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Disability: _____ _____ _____	Form in which record is required: _____ _____ _____
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Mark the appropriate box with an "X".

**NOTES:**

- (a) *Your indication as to the required form of access depends 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 -**

	copy of record*		inspection of record
<b>2. If the record consists of visual images -</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)			
	view the images		copy of the images*
			transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound -</b>			
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form -</b>			
	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 of transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>A postal fee is payable.</b>			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.***

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

- 2. Explain why the requested record is required for the exercising 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 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 \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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