

PRESCRIBED FORM TO BE COMPLETED BY REQUESTER

Form B
REQUEST TO ACCESS RECORDS OF A PRIVATE BODY

Section 53(1) of the Promotion of Access to Information Act, No 2 of 2000

(Regulation 4)

A. PARTICULARS OF A PRIVATE BODY

The Head:

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

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

Full Name and Surname:

Identity Number:

Postal Address:

Telephone Number:

Fax Number:

Email Address:

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

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 Name 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 the record or relevant part of the record

2. Reference number, if applicable:

3. Any further particulars of the 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 of the request fee.*
- (c) *The **fee payable for access** to a record depends on the form in which the 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 therefore.*

Reason for exemption of payment of the fee:

F. FORM OF ACCESS TO THE 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 indicated in which form the record is required:

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

SIGNATURE OF PERSON ON WHOSE
BEHALF REQUEST IS MADE