

**PRESCRIBED FORM TO BE COMPLETED BY A REQUESTER  
FORM B**

**REQUEST FOR ACCESS TO RECORDS OF PRIVATE BODY**

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

**(Regulation 4)**

**A. Particulars of Private Body**

**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 the capacity in which the request is made, if applicable, must be attached.*

Full Name and Surname:

\_\_\_\_\_

Identity Number:

\_\_\_\_\_

Postal Address:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax 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:**

*This section must be completed only if a request for information is made on behalf of another person*

Full names and Surname:

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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***

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

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2. Reference number, if available:

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3. Any further particulars of the record:

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**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 (if any):

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**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 indicate in which form the record is required.*

Disability: <hr/> <hr/> <hr/>	Form in which record is required: <hr/> <hr/> <hr/>
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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.*

<b>1. If the record is in written or printed form:</b>					
	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 the 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 the 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 * (3,5" magnetic or optical 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>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 of 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

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