

ANNEXURE A

REQUEST FOR ACCESS FORM
(in terms of The Promotion of Access to Information Act)

NAME OF THE COMPANY TO WHOM THE REQUEST IS MADE
[Insert full name of company]

PARTICULARS OF PERSON REQUESTING ACCESS TO INFORMATION

Surname : _____
First names : _____
Identity number : _____
E-mail address : _____
Telephone no. : _____
Facsimile no. : _____
Postal address : _____

PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE (IF APPLICABLE)

Surname : _____
First names : _____
Identity number : _____
E-mail address : _____
Telephone no. : _____
Facsimile no. : _____
Postal address : _____

PARTICULARS OF RECORDS REQUESTED
REFERENCE (if applicable) :

FORM OF ACCESS TO RECORD

NOTES:

- a) Compliance with your request 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.

(Mark the appropriate shaded box with an X.)

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

copy of record* _____

inspection of record _____

2. If the record consists of visual images:

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

view the images _____

copy of the images* _____

transcription of the images* _____

3. If the record consists of recorded words or information which can be reproduced in sound:

listen to the soundtrack _____

transcription of soundtrack* (written or printed) _____

4. If record is held on computer or in 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 transactions to be posted to you?

YES / NO

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

Disability _____

Form in which record is required: _____

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

EXPLANATION OF WHY RECORD IS REQUIRED FOR EXERCISE OR PROTECTION OF ABOVEMENTIONED RIGHT

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.

SIGNATURE

Signed at _____ Date : _____

Signature of the Requester _____