

**ANNEXURE B**

I,

Full names:			
In my capacity as (mark with "X"):	Information Officer		Other
Name of *public / private body (if applicable)			
Postal address			
Street address			
Email address			
Facsimile			
Contact numbers	Tel (W):		Cellular:

hereby request the following copy(ies) of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
<input type="checkbox"/> Sepedi		<input type="checkbox"/> Sesotho	
<input type="checkbox"/> Setswana		<input type="checkbox"/> siSwati	
<input type="checkbox"/> Tshivenda		<input type="checkbox"/> Xitsonga	
<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> isiZulu			

Manner of collection (mark with "X"):

<input type="checkbox"/> Personal collection	<input type="checkbox"/> Postal address	<input type="checkbox"/> Facsimile	<input type="checkbox"/> Electronic communication (Please specify)
--	---	------------------------------------	--

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

\_\_\_\_\_  
**SIGNATURE OF REQUESTER**