

ANNEXURE C

Mark with an "X":

- Request is made in my own name
- Request is made on behalf of another person

PERSONAL INFORMATION				
Full names:				
Identity number:				
Capacity in which request is made (when made on behalf of another person):				
Postal address				
Street address				
Email address				
Contact numbers	Tel (W):		Facsimile:	
	Cellular:			
Full names of person on whose behalf request is made (if applicable)				
Identity number				
Postal address				
Street address				
Email address				
Contact numbers	Tel (W):		Tel (W):	
	Cellular:			
PARTICULARS OF RECORD REQUESTED				

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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record	
Reference number, if available	
Any further particulars of record	

TYPE OF RECORD

(Mark the applicable box with an "X")

Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, computer generated images, sketches, etc.)	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	

MANNER OF ACCESS

(Mark the applicable box with an "X")

Personal inspection of record at registered address of public / private body (including listening to recorded words, information, which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	

Email of information (including soundtracks if possible)		
Cloud share / file transfer		
Preferred language (Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)		
PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED		
If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.		
Indicate which right is to be exercised or protected		
Reason		

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FEES	
<p>(a) A request fee must be paid before the request will be considered.</p> <p>(b) You will be notified of the amount of the access fee to be paid.</p> <p>(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.</p> <p>(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.</p>	

You will be notified in writing whether your request has been approved or denied and, if approved, the costs relating to your request, if any. Please indicate your preferred manner of correspondence (mark with an "X").

Postal address	Facsimile	Electronic communication (Please specify)

Signed at _____ this _____ day of _____ 20__.

**SIGNATURE OF REQUESTER / PERSON
ON BEHALF OF WHOM REQUEST IS MADE**

FOR OFFICIAL USE

Reference number:	
Request received by: (state rank, name, and surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

SIGNATURE OF INFORMATION OFFICER