1. - FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

**In terms of Section 53(1) of the Promotion of Access to Information Act 2 of 2000 & Regulation 10**

**A. Particulars of public body**

The Head:

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**B. Particulars of person requesting access to the record**

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

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| --- | --- |
| Full names and surname: |  |
|  |
| Identity number: |  |
| Postal address:  |  |
|  |
|  |
|  | Fax number: |  |
| Telephone number:  |  | E-mail: |  |
| Capacity in which request is made, when made on behalf of another person: |
|  |

**C. Particulars of person on whose behalf request is made**

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

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| --- | --- |
| Full names and surname: |  |
|  |
| Identity number: |  |

**D. Particulars of record**

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| *(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.*** |

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| 1. Description of the record or relevant part of the record:
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| 1. Reference number, if available:
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| 1. Any further particulars of the record:
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**E. Fees**

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| *(a) A request for access to a record other than 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 required to be paid as the request fee.**(c) The* ***fee payable for the 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.**(d) If you qualify for the exemption of the payment of any fee, please state the reason for exemption.* |

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| Reason for the exemption from payment of fees:  |  |
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**F. Form of access to record**

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| *If you are prevented by disability to read, view of 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: |  | Form in which record is required: |  |
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|  |  |
|  |  |
| *Mark the appropriate box with an* ***X.****NOTES:**(a) Compliance with your request for access 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 the access to the record, if any, will be determined partly by the form in which access is requested.* |

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| 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 record consists of recorded words or information which can be reproduced in sound:** |
|  | listen to the soundtrack (audio cassette) |  | transcription of soundtrack\*(written or printed document) |
| 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 transcription to be posted to you?**Postage is payable.** | YES | NO |

**G. Particulars of right to be exercised or protected**

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| *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.*** |

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| 1. Indicate which right is to be exercised or protected:
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| 1. Explain why the record requested is required for the exercise or protection of the aforementioned right:
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**H. Notice of decision regarding request for access**

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| *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****.*** |

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| How would you prefer to be informed of the decision regarding your request for access to the record? |
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Signed at this day of                                         .

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SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE