

NB: Once complete, please email a copy of the filled out form to:
dino@debc.al.co.za

ANNEXURE B

FORM C – REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
SECTION 53 (1) of the Promotion of Access to Information Act, 2000 (Act 2 of 2000)

[Regulation 10]

Section A

Contact persons
OFFICE USE ONLY

The Head:
Information Officer:
Email: Fax No:
Postal Address:

Section B

Particulars of person requesting access to records

- a) The particulars of the person who requests access to records must be given below.
- b) The address and/or fax number, in the Republic, to which the information is to be sent must be given.
- c) Proof of capacity in which the request is made, if applicable, must be attached.

Name: Surname:
Postal Address:
ID Number: Tel. No:
Email: Fax No:

Capacity of requester
Personal Agent Third Party

Section C

Particulars of person on whose behalf the request is made

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

Name: Surname:
ID Number:

Section D

Particulars of record

a) Provide full particulars of the record to which access is requested, including the reference number, if it is known to you, to enable the record to be located.

b) If the provided space is inadequate, please continue on a separate page and attach it to this form.

THE REQUESTER MUST SIGN ALL ADDITIONAL PAGES

Project No: Date of record:
Administrative: Technical:

Other

Further details clarifying the information sought

Section E

Fees

a) A request for access to record, other than a record containing personal information about yourself, will only be processed 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 access to a record depends on the form (medium) in which access is required and the reasonable time to search for and prepare the record.

d) If you qualify for exemption of the fee payment then please state the reason for [exemption](#).

Reason for exemption of fees

Proof of exemption attached Yes No

Section F

Form (medium) of access to record

If you are prevented by a disability to read, view or listen in the form of access provided for in 1 – 4 here-under, state your disability and indicate in which form the record should be provided.

Disability

- See
- Read
- Hear

Medium required

- Visual
- Oral
- Audio

a) Compliance with your request may depend on the form in which the information 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.

F.1 – Written or printed

Copy required

F.2 – Visual Images

(photographs, slides, computer generated images, videos etc.)

Inspect:

View:

Copy:

Transcribe:

F.3 – If the record consists of information which can be reproduced in sound

Listen:

Transcribe:

F.4 – Electronic records

Copy:

Transcribe:

Format:

Other format:

C.D / DVD:

Hardcopy:

Email:

Post a copy:

To be collected:

If you require copies to be posted or couriered, the costs thereof will be payable by the person making the request.

Section G

Particulars of the right to be exercised or protected

If the space provided is inadequate, then the requested must include additional pages and sign each page thereof.

Indicate which right is being exercised or protected

Explain why the record requested is required for the exercising of protection of the aforementioned right

Section H

Notice of decision regarding request for access

You will be informed in writing whether your request has been approved or denied. If wish to be informed 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?

Telephone: Post: Email:

Once completed, please forward this document to us using one of the contact details provided in Section A

Signed at: on dd/mm/yyyy

Signature of requester / person on whose behalf the request is made.