

**PROMOTION OF ACCESS TO INFORMATION, REGULATIONS REGARDING
THE**

Act

Published under

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[with effect from 15 February 2002]

as amended by

GN R1244 in GG 25411 of 22 September 2003

ANNEXURE B

Form A

Request for access to record of public body

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act 2 of 2000))

[Regulation 6]

FOR DEPARTMENTAL USE	
	Reference number: _____
Request received by _____ (state rank, name and surname of information officer/deputy information officer) on _____ (date) at _____ (place).	
Request fee (if any):	R
Deposit (if any):	R
Access fess:	R
	_____ SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

A Particulars of public body

The Information Officer/Deputy Information Officer:

B Particulars of person requesting access to the record

- (a) *The particulars of the person who requests access to the record 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 the capacity in which the request is made, if applicable, must be attached.*

Full names and surnames: _____

Identity number: _____

Postal address: _____

_____ Fax number: _____

Telephone number: _____ E-mail address: _____

Capacity in which request is made, when made on behalf of another person: _____

C Particulars of person on whose behalf request is made

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

Full names and surname: _____

Identity number: _____

D Particulars of record

- (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.*

1 Description of record or relevant part of the record: _____

2 Reference number, if available: _____

3 Any further particulars of record: _____

E Fees

- (a) A request for access to 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 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 exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees: _____

F Form of access to record

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

Disability: _____

Form in which record is required: _____

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 access to the record, if any, will be determined partly by the form in which access is requested.

1 If the record is in written or printed form:			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
2 If record consists of virtual images- (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy the images*
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*
3 If record consists of recorded words or information which can be reproduced in sound:			
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
4 If record is held on computer or in an electronic or machine-readable form:			
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)

* If you requested a copy of transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable	YES	NO
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.		
In which language would you prefer the record? _____		

G Notice of decision of 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.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at _____ this _____ day of _____ 20 _____

SIGNATURE OF REQUESTER / PERSON
ON WHOSE BEHALF REQUEST IS MADE

Form B
Notice of internal appeal

(Section 75 of the Promotion of Access to information Act, 2000 (Act 2 of 2000))

[Regulation 8]

**STATE YOUR REFERENCE
NUMBER:** _____

A Particulars of public body

The information Officer/Deputy Information Officer:

B Particulars of requester/third party who lodges the internal appeal

- (a) *The particulars of the person who lodge the internal appeal must be given below.*
(b) *Proof of the capacity in which appeal is lodged, if applicable, must be attached.*
(c) *if the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.*

Full names and surname: _____

Identity number: _____

Postal address: _____

_____ Fax number: _____

Telephone number: _____ E-mail address: _____

Capacity in which an internal appeal on behalf of another person is lodged: _____

C Particulars of requester

This section must be completed ONLY if a third party other than the requester) lodges the internal appeal.

Full names and surname: _____

Identity number: _____

D The decision against which the internal appeal is lodged

Mark the decision against which the internal appeal is lodged with an X in the appropriate box:

	Refusal of request for access
	Decision regarding fees prescribed in terms of section 22 of the Act
	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act
	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
	Decision to grant request for access

E Grounds for appeal

If the provided space is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.

State the grounds on which the internal appeal is based: _____

State any other information that may be relevant in considering the appeal: _____

F Notice of decision on appeal

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

State the manner: _____

Particulars of manner: _____

Signed at _____ this _____ day of _____ 20 _____

SIGNATURE OF APPELLANT

FOR DEPARTMENTAL USE:

OFFICIAL RECORD OF INTERNAL APPEAL:

Appeal received on _____ (date) by _____
_____ (state rank, name and surname of
information officer/deputy information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision
and, where applicable, the particulars of any third party to whom or which the record relates, submitted
by the information officer/deputy information officer on _____ (date) to the
relevant authority.

OUTCOME OF APPEAL:

DECISION OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER CONFIRMED/NEW
DECISION SUBSTITUTED

NEW DECISION: _____

DATE

RELEVANT AUTHORITY

RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION OFFICER FROM THE
RELEVANT AUTHORITY ON (date):

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]

A Particulars of private body

The Head:

B Particulars of person requesting access to the record

- (a) *The particulars of the person who requests access to the record 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 the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: _____

Identity number: _____

Postal address: _____

_____ Fax number: _____

Telephone number: _____ E-mail address: _____

Capacity in which request is made, when made on behalf of another person: _____

C Particulars of person on whose behalf request is made

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

Full names and surname: _____

Identity number: _____

D Particulars of record

- (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.***

1 Description of record or relevant part of the record: _____

2 Reference number, if available: _____

3 Any further particulars of record: _____

E Fees

- (a) A request for access to 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 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 exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees: _____

F Form of access to record

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 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 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.

1 If the record is in written or printed form:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record		
2 If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	Copy the images*	<input type="checkbox"/>	transcription of the images*
3 If record consists of recorded words or information which can be reproduced in sound:					
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)		
4 If record is held on computer or in an electronic or machine-readable form:					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*	<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)

G Particulars of right to be exercised or protected

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.

1 Indicate which right is to be exercised or protected: _____

2 Explain why the record requested is required for the exercise or protection of the aforementioned right: _____

H 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.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at _____ this _____ day of _____ 20 _____

SIGNATURE OF REQUESTER / PERSON
ON WHOSE BEHALF REQUEST IS MADE