

ANNEXURE A



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

FORM A

DEPARTMENT OF:.....

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

Prescribed forms for access to a record of a public body.

**ANNEXURE B OF NOTICE 187 IN THE GOVERNMENT GAZETTE
ON THE 15 FEBRUARY 2002 [Regulation 2]**

FOR DEPARTMENTAL USE

Reference number:

Request received by *(state rank, name and surname of information officer/deputy information officer) on (date) at (place).*

Name:.....Surname.....

Rank:..... Level.....

Date:..... Place:.....

Request fee (if any): R

Deposit (if any): R

Access fee: R

.....
SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

A. Particulars of public body

The Information Officer/Deputy Information Officer:

Mr/Ms/Dr/Prof.....

Department

Postal Address.....

Physical Address:.....

Tel. No.:..... Fax No.:.....

E-mail Address:.....

B. Particulars of person requesting access to the record

a) The particulars of the person who requests access to the record must be recorded below.

(b) Furnish an address and/or fax number in the Republic to which information must be sent.

(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname

.....
Identity Number

Postal

Address:.....
.....
Telephone Number:..... Fax 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														
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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.
Description of record or relevant part of the record
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Reason for exemption from payment of fees:

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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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NOTES:

(a) Mark the appropriate box with an "X". Your indication as to the required form of access depends 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.)

	view the images		copy of the images*		transcription of the images*
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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)
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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)
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*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

YES

NO

A postal fee is payable.

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 regarding request for access

You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof 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?

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Signed at this day of

.....
.....
SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE