SCHEDULE 3

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]

rticulars of private body	
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.	
Description of record or relevant part of the record:	

					
Reference number, if ava	ilable:				
Any further particulars of	record:				
E Fees					
(a) A request for acces after a request fee has		ther than a reco	ord containing personal info	rmation about yourself, will be	processed only
(b) You will be notified	of the amount		paid as the request fee.		
to search for and prepare	e a record.		on the form in which access fee, please state the reaso	s is required and the reasonab	le time required
(u) If you qualify for ex	empuon or the	рауппень от ану	ree, please state the reaso.	n for exemption.	
Reason for exemption from	m payment of	fees:			
m of access to record					
in or decess to record					
f you are prevented by a c	disability to rea	d, view or lister	n to the record in the form o	f access provided for in 1 to 4	
nereunder, state your disa	bility and indica	te in which forr	m the record is required.		
Disability:			Form in which record is rec	uired:	
		 -			
					
Mark the appropriate box v	vith an X.				
NOTES: compliance with your requi	est in the snecit	ied form may d	lepend on the form in which	the record is available	
ccess in the form requeste	ed may be refus			e you will be informed if access	5
vill be granted in another in the fee payable for access		anv. will he de	etermined partly by the form	in which access is requested.	
f the record is in writte	n or printed fo	orm:]
copy of record*	ins	pection of recor	d		
f record consists of visithis includes photographs	u al images , slides, video r	ecordings, com	puter-generated images, sk	etches, etc):	
view the images	Cor	y the images*	T	transcription of the images*	-
Copy the images				danscription of the images	

If record consists of recorded w	ords or infor	mation which can b	e reproduced	l in sound:				
listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)						
If record is held on computer or	r in an electro	onic or machine-rea	dable form:					
printed copy of record*	printed cop record*	y of information deriv	ved from the	copy in computer readab form* (stiffy or compact disc)	ole			
rticulars of right to be exercised	d or protected	1						
rticulars of right to be exercised	or protected	•						
If the provided space is inadequate must sign all the additional folio		ue on a separate folio	and attach it	to this form. The reques	ster			
1 Indicate which right is to be e	exercised or pr	otected:						
2 Explain why the record reque	sted is require	d for the exercise or	protection of tl	ne aforementioned right:				
H Notice of decision regarding	request for a	occess						
You will be notified in writing wheth another manner, please specify the request.					our′			
How would you prefer to be informe	ed of the decisi	ion regarding your re	quest for acces	ss to the record?				
Signed at	this	day of		20				
			SIGNAT	URE OF REQUESTER / PE	RSON			
			ON WHO	SE BEHALF REQUEST IS I	MADE			