

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

- 1. Proof of identity must be attached by the requester.
- 2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.
- TO: The Deputy Information Officer

Johan Barkhuizen

2nd Floor, One Four Kramer

14 Kramer Road

Kramerville

Johannesburg

2090

E-mail address: johan@evotel.co.za

Fax number: N/A

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person.

Reg No.: 2015/071108/07 Vat No: 4510272190

PERSONAL INFORMATION				
Full Names				
Identity Number				
Capacity in which request is made (when made on behalf of another person)				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B): Cellular:		Facsimile:	
Full names of person on whose behalf request is made <i>(if</i> <i>applicable):</i>				
Identity Number				
Postal Address				
Street Address				
E-mail Address				
Contact Numbers	Tel. (B)		Facsimile	

Provide full particular.	s of the record to which access is requested, including the reference
number if that is know	vn to you, to enable the record to be located. (If the provided space is
inadequate, please co	ntinue on a separate page and attach it to this form. All additional pages
must be signed.)	
Description of record	
Description of record	
or relevant part of the	
record:	
Reference number, if	
available	
A mar for white a m	
Any further	
particulars of record	

Cellular

PARTICULARS OF RECORD REQUESTED

TYPE OF RECORD

(Mark the applicable box with an "**X**")

Record is in written or printed form

Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Record consists of recorded words or information which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

FORM OF ACCESS

(Mark the applicable box with an "**X**")

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)

Copy of record on compact disc drive (including virtual images and soundtracks)

Copy of record saved on cloud storage server

MANNER OF ACCESS

(Mark the applicable box with an "**X**")

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)

Postal services to postal address

Postal services to street address

Courier service to street address

Facsimile of information in written or printed format *(including transcriptions)*

E-mail of information (including soundtracks if possible)

Cloud share/file transfer

Preferred language

(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)

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to	
be exercised or	
protected	
Explain why the record	
requested is required	
for the exercise or	
protection of the	
aforementioned right:	

FEES

- a) A request fee must be paid before the request will be considered.
- b) You will be notified of the amount of the access fee to be paid.
- 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	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:



Postal address	Electronic communication (Please specify)

Signed at _____ this ___ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:	
Request received by:	
(State Rank, Name And	
Surname of Information	
Officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer



FORM 3

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

If your request is granted the-

- (a) amount of the deposit, (if any), is payable before your request is processed; and
- (b) requested record/portion of the record will only be released once proof of full payment is received.

Please use the reference number hereunder in all future correspondence.

Reference number:

TO:

Your request dated , refers.

You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

OR

You requested:

Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)	
Copy of information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive(including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language:	
(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)	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

Fees payable with regards to your request:

ltem	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
Flash drive			
To be provided by requestor	R40.00		
Compact disc	R40.00		
If provided by requestor	R60.00		
If provided to the requestor			
For a transcription of visual images per A4-size page	Service to be outsourced. Will		
	depend on the quotation of the		
Copy of visual images			
	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			
To be provided by requestor	R40.00		
(ii) Compact disc			
If provided by requestor	R40.00		
If provided to the requestor	R60. 00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

Deposit payable (if search exceeds six hours):

Yes	No]
Hours of search	Amount of deposit	

(calculated on one third of total amount per request)

The amount must be paid into the following Bank account:

Name of Bank:

Name of account holder:

Type of account:

Account number:

Branch Code:

Reference Nr:

Submit proof of payment to:

Signed at this day of 20

Information officer