

To

Information Officer
Tel: +27 (0)12 671 8911
Email: dlotter@mmltd.co.za

Form 2

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No.2 of 2000 as Amended (PAIA 31 of 2019) (Regulation 10)

A. Particulars of private body

The information Officer: Douw Lotter

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

Ident	tity number:	
	ity number.	
Posta	al Address:	
Fax r	number:	Telephone number:
E-ma	il address:	
C. Parti	culars of person on who	se behalf request is made
		ompleted ONLY if a request for information is made on behalf of
Full r	names and surname:	
Ident	tity number:	
D. Parti	culars of record	
	(a) Provide full particulareference number if	ars of the record to which access is requested, including the that is known to you, to enable the record to be located.
	(b) If the space provide the form. The reque	d is inadequate, please continue on a separate page and attach it to ester must sign all the additional pages.
Desc	rintion of record or relev	ant record:
		e:
		ord:

E. Fees

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

Reason for exemption for 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 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 a written or printed form: Copy of record Inspection of record 2. If the record consists of visual images: (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.) View the images Copy the images Transcription of the images 3. If the record consists of recorded words or information which can be reproduced in sound: Listen to the **Transcription of** soundtrack (audio soundtrack *(written Telkom link to the

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4. If the record is held on computer or in an electronic or machine-readable form:

document)

Printed copy of

from the record

information derived



Printed copy of

Cassette)

record





soundtrack

Copy in computer

form * (compact disk)



METROPOLITAN

*If you requested a copy of the transcription of a record (above), do you wish the copy to be posted to you?	YES		NO				
Postage is payable.							
. Particulars of rights to be exercise	d or protecte	ed					
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 pa	ages.					
Indicate which right is to be exerc	ised or protec	cted:					
Explain why the record requested abovementioned right:	·		•	 			
. Notice of decision regarding reques	st for access						
You will be notified in writing w informed in another manner, pl enable compliance to your req	ease specify t	the manner and	en approved or denied. If you d provide the necessary parti	ı wish to be iculars to			
How would you prefer to be information record?:		_					
Cignod at	+bic	douge	20				
Signed at	tnis	day or	20				
Signature of requester or person of							