

To

Information Officer  
Tel: +27 (0)12 673 7569  
Email: [dlotter@mmltd.co.za](mailto:dlotter@mmltd.co.za)

## Form C

### 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)) (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 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.

Full names and surname: \_\_\_\_\_

Identity / passport number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Fax number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Description of record or relevant record: \_\_\_\_\_

Reference number, if available: \_\_\_\_\_

Any further particulars of record: \_\_\_\_\_

## 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 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 soundtrack (audio Cassette)

Transcription of soundtrack \*(written document)

Telkom link to the soundtrack

### 4. If the 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 form \* (compact disk)

*If you requested a copy of the transcription of a record (above), do you wish the copy to be posted to you? <b>Postage is payable.</b>	YES	NO
--	-----	----

**G. Particulars of rights 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 abovementioned right: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Notice of decision regarding request for access**

You will be notified in writing whether your request has been approved or denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance to your request.

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

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of requester or person on whose behalf request is made