

ANNEXURE B
FORM FOR REQUEST FOR ACCESS TO A RECORD

REQUEST FOR ACCESS TO RECORD OF A PRIVATE BODY

Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No 2 of 2000) (**Regulation 4**)

Particulars of person requesting access to the record

- a) The particulars of the person who requests access to the records must be recorded below.
- b) Furnish an address and/or fax number within South Africa to which information must be sent.
- c) If the request is made on behalf of another person, proof of authorisation to act on behalf of that person must be attached.

Mark with an "X"

- Request is made in my own name. Request is made on behalf of another person

Full names and surname			
Identity number			
Postal address			
Telephone number		Fax number	
E-mail address			

A. 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				
Copy of Authorisation attached?	Yes		No	

B. 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.
1.	Description of record or relevant part of the record:
2.	Reference number, if available:
3.	Any further particulars of record:

Fees

<p>a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>b) You will be notified of the amount required to be paid as the request fee.</p> <p>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.</p> <p>d) If you qualify for exemption of the payment of any fee, please state the reason therefore.</p>
Reason for exemption from payment of fees

Form of access to record

<p>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.</p>	
Disability	Form in which record is required
<p>Mark the appropriate box with an "X"</p> <p>NOTES:</p> <p>a) Your indication as to the required form of access depends on the form in which the record is available.</p> <p>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.</p> <p>c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	
<p>1. If the record is in written or printed form:</p>	
<input type="checkbox"/> Copy of record*	<input type="checkbox"/> Inspection of record
<p>2. If record consists of visual images: (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)</p>	
<input type="checkbox"/> View the images	<input type="checkbox"/> Copy of the images* <input type="checkbox"/> Transcription of the images*
<p>3. If record consists of recorded words or information which can be reproduced in sound:</p>	
<input type="checkbox"/> Listen to the soundtrack (audio cassette)	<input type="checkbox"/> Transcription of soundtrack* (written or printed document)

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* (flash drive or external hard drive)	
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable.				YES	NO

C. Particulars of right to be exercised or protected:

<p>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.</p> <p>Indicate which right is to be exercised or protected</p> <p>Explain why the requested record is required for the exercising or protection of the aforementioned right</p>

D. Notice of decision regarding request for access:

<p>You will be notified in writing whether your request has been approved or 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.</p> <p>How would you prefer to be informed of the decision regarding your request for access to the record? Please provide contact details.</p>
--

Signed at _____ this _____ day of _____ 20_____.

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

**ANNEXURE C
PRESCRIBED FEES**

Reproduction of documents	Fees (R)
A copy of the manual as contemplated in regulation 9(2)(c) – for every photocopy of an A4-size page or part of the page	1,10
A photocopy of an A4-size page or part of the page	1,10
A printed copy of an A4-size page or part of the page on a computer or in electronic or machine-readable form	0,75
A transcription of visual images on an A4-size page or part of the page	40,00
A copy of visual images	60,00
A transcription of an audio record on an A4-size page or part of the page	24,00
Access fee payable	Fees (R)
A photocopy of an A4-size page or part of the page	1,10
A printed copy of an A4-size page or part of the page on a computer or in electronic form	0,75
A copy in a computer-readable form on a flash drive or an external hard drive (encrypted), excluding hardware cost.	40,00
A transcription of visual images on an A4-size page or part of the page	40,00
A copy of visual images	60,00
A transcription of an audio record on an A4-size page or part of the page	24,00
Search for and preparation of the record for disclosure for every hour or part of an hour (excluding the first hour) that is reasonably needed to do the search and preparation	30,00

For the purposes of section 54(2) of the Act, the following also applies:

- You must pay a deposit where the search for and preparation of the record is expected to take more than six hours.
- You must pay one-third of the access fee as a deposit up front.
- You must pay the fee to have the record delivered to you.

ANNEXURE D

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

1. 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.
2. Please use the reference number hereunder in all future correspondence.

Reference number:

TO:

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body (<i>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</i>) <u>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.</u>	
--	--

OR

2. You requested:

<u>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)</u>	
<u>Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)</u>	
<u>Transcription of soundtrack (written or printed document)</u>	
Copy of information on flash drive (<i>including virtual images and soundtracks</i>)	
Copy of information on an external hard drive (<i>including virtual images and soundtracks</i>)	
<u>Copy of record saved on cloud storage server.</u>	

3. 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 <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
<u>Cloud share/file transfer</u>	
Preferred language: <i>(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)</i>	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost	Number of items / pages	Total
Photocopy	R1.10 per page		
Printed copy	R1.10 per page		
Copy in a computer-readable form on: a) Flash drive (encrypted) – to be provided to requestor b) External hard drive (encrypted) • If provided by requestor • If provided to the requestor	R140.00 R40.00 R700.00		
Transcription of visual Images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider.		
Copy of visual images			
Transcription of an audio record	R24.00		

Copy of an audio record (i) Flash drive (encrypted) • To be provided by requester	R40.00		
(ii) External Hard Drive (encrypted) • If provided by requestor • If provided to the requestor	R40.00 R700.00		
Postage, courier service, e-mail or any other electronic transfer	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

Yes No

Hours of search		Amount of deposit <i>(calculated on one third of total amount per request)</i>	
-----------------	--	---	--

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 _____

Deputy Information Officer

ANNEXURE E

COMPLAINT FORM

[Regulation 10]

Note:

1. This form is designed to assist the Requester (hereinafter referred to as “the Complainant”) in requesting a review of a public or private body’s response or non-response to a request for access to records under the Promotion of Access to Information Act 2 of 2000 (“PAIA”). Please fill out this form and send it to the Information Regulator (“Regulator”) or complete the online complaint form available at <https://www.justice.gov.za/inforeg/>.
2. PAIA gives a member of the public a right to file a complaint with the Regulator about any of the nature of complaints detailed in part E of this complaint form-
3. It is the policy of the Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as “the Body”) an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Regulator, you are required to complete the prescribed PAIA form and submit it to the Body.
4. A copy of this form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein
5. The Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. Please attach copies of the following documents if you have them:
 - Copy of the form to the Body requesting access to records;
 - The Body’s response to your complaint or access request;
 - Any other correspondence between you and the Body regarding your request;
 - Copy of the appeal form, if your complaint relate to a public body;
 - The Body’s response to your appeal;
 - Any other correspondence between you and the Body regarding your appeal;
 - Documentation authorizing you to act on behalf of another person (if applicable);
 - Court order or court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

TO: The Information Regulator
P.O Box 31533 Braamfontein, 2017
E-mail address: inforeg@justice.gov.za
Tel number: +27 (0) 10 023 5200

CAPACITY OF PERSON/PARTY LODGING A COMPLAINT

(Mark with an “X”)

<input type="checkbox"/>	Complainant personally
<input type="checkbox"/>	Representative of complainant
<input type="checkbox"/>	Third party

PREREQUISITES

Did you submit request (PAIA form) for access to record of a private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

FOR REGULATOR'S USE ONLY

Received by: (Full names)				
Position:				
Signature:				
Complaint accepted:	Yes		No	
Reference Number:				
<i>Date stamp</i>				

PART A PERSONAL INFORMATION OF COMPLAINANT

Full names:				
Identity number:				
Postal Address:				
Street Address:				
E-mail address:				
Contact numbers:	Tel. (B):		Facsimile	
	Cellular			

PART B REPRESENTATIVE INFORMATION
--

(Complete only if you will be represented. A Power of Attorney must be attached if complainant is a representative, failing which the complaint will be rejected)

Full names of representative:	
Nature of Representation	

Identity number / Registration number:			
Postal Address:			
Street Address:			
E-mail address:			
Contact numbers:	Tel. (B):		Facsimile
	Cell		

PART C THIRD PARTY INFORMATION (Please attach letter of authorisation)			
Type of body:	Private		
Name of private body:			
Registration number:			
Name, surname and title of person authorised to lodge complaint:			
Postal Address:			
Street Address:			
E-mail address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		

PART D BODY AGAINST WHICH THE COMPLAINT IS LODGED	
Type of body:	Private
Name of body:	
Registration number:	
Name, surname and title of person you dealt with at the body to try to resolve your complaint or request to access of Information.	
Postal Address:	

Street Address:			
E-mail address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		

PART E COMPLAINT			
Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public body for response and possible resolution; there are limited exceptions)			
Date on which request for access to records submitted:			
Please specify the nature of the right(s) to be exercised or protected if a complaint is against a private body:			
Have you attempted to resolve the matter with the organisation?	Yes		No
If yes, when did you receive it? (Please attach the letter to this application.)			
Did you appeal against a decision of the information officer of the public body?	Yes		No
If yes, when did you lodge an appeal?			
Have you applied to Court for appropriate relief regarding this matter?	Yes		No
If yes, please indicate when was the matter adjudicated by the Court. Please attach Court Order, if there is any.			

PART F DETAILED TYPE OF ACCESS TO RECORDS	
(Please select one or more of the following to describe your complaint to the Regulator)	
Unsuccessful appeal: (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.

Unsuccessful application for condonation: (Sections 77A(2)(b) and 75(2) of PAIA)	I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.	
Refusal of a request for access: (Section 77A(2)(c)(i) or 77A (d)(i) or 77A(3)(b) or of PAIA)	I requested access to information held by a body and that request was refused or partially refused.	
The body requires me to pay a fee and I feel it is excessive: (Sections 22 or 54 of PAIA)	Tender or payment of the prescribed request fee.	
	The tender deposit or payment of a deposit fee.	
Repayment of the deposit: (Section 22(4) of PAIA)	The information officer refused to repay deposit paid in respect of a request for access which is refused.	
Disagree with time extension: (Sections 26 or 57 of PAIA)	The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension, or a time extension taken to respond to my access request.	
Form of access denied: (Sections 29(3) or sections 60(a) of PAIA)	I requested access in a particular and reasonable form and such form of access was refused.	

Deemed refusal: (Sections 27 or 58 of PAIA)	It is more than 30 days since I made my request and I have not received a decision. No response received and no extension has been taken.	
	Extension period has expired and nonresponse received.	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of Access to record)	Records that are subject to the grounds for refusal of access to records have been inappropriately or unreasonable disclosed.	
No adequate reasons for the refusal of access: (Section 56(3)(a) of PAIA)	My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.	
Partial access to record: (Section 28(2) of 59(2) of PAIA)	Access to only a part of the requested records was granted and I believe that more of the records should be disclosed.	
Fee waiver: (Sections 22(8) or 54(8) of PAIA)	I am exempt from paying any fee and my request to waive the fees was refused.	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	The body indicated that some or all of the requested records do not exist, and I believe that more records do exist.	
Failure to disclose records:	The body decided to grant me access to requested records, but I have not received them.	
No jurisdiction (exercise or protection of any rights): (Section 50(1)(a) of PAIA)	The body indicated that the requested records are excluded from PAIA, and I disagree.	
Frivolous or vexatious request: (Section 45 of PAIA)	The body indicated that my request is manifestly frivolous or vexatious and disagree.	

	My request to a responsible party to confirm whether or not the responsible party holds personal my information has been refused	
	My request for access to record or a description of my personal information held by the responsible party, including information about the identity of all third parties, or categories of third parties, who have, or have had, access to my personal information has been refused.	
Other: (Please explain):		

PART G EXPECTED OUTCOME How do you think the Regulator can assist you? Describe the result or outcome that you seek.

PART H AGREEMENTS

The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. For the Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:

- I consent to being contacted at the above e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

- I agree that the Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by Protection of Personal Information Act, 2013. I understand that if I do not agree, the Regulator will still process my complaint.

The information in this Complaint Form is true to the best of my knowledge and belief.

I authorize the Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.

I authorize anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Regulator. The Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.

If any of my contact information changes during the complaint process, it is my responsibility to inform the Regulator; otherwise, my complaint could experience a delay or even be closed.

Signed at

this day of

20

Complainant