FORM 2

REQUEST **FOR ACCESS TO RECORD OF** PUBLIC BODY (Section 18(1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000)

[Regulation 6]

FOR DEPARTMENTAL USE

Dagu		Reference number:						
-	est received by							
		of information officer/deputy information officer on						
(date)		(place)						
=): R						
•	sit (if any):	R						
Acces	ss fee:	R						
		Signature of information officer/deputy Information Officer						
		3						
Α	Darticulare	of public body						
^	raiticulais	or public body						
The Information Officer/Deputy Information Officer:								
Senqu	Main Building							
19 Mui	rray Street							
Lady G	Grey							
9755								
<u>vanzy</u>	lt@sengu.go	ov.za						
В	Particulars	of person requesting access to the record						
(a)	The particul	lars of the person who requests access to the record must be given below.						
(b)	The addres	s 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 na	ames and su	rname:						
Identi	ty number:							
Posta	l address:							

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 available: Any further particulars of record:							
E. Fees							
(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. (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 exemption of the payment of any fee, please state the reason for exemption.							
Reason for exemption from payment of fees:							

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1

Form in which record is required:

to 4 below, state your disability and indicate in which form the record is required.

Fax number:

F.

Disability:

Form of access to record

Telephone number:

NOTES (a) Co which the control of th	mpliance with your request for ac ne record is available. cess in the form requested may b I be informed if access will be grai	ccess in the specified form may dependence refused in certain circumstances. Intention another form. Cord, if any, will be determined partly	In suc	ch a ca	ase						
1. If the record is in written or printed form:											
	copy of record* inspection of record										
2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc:											
	view the images	copy of the images*		transcription of the images*							
3. If record consists of recorded words or information which can be reproduced in sound:											
	listen to the soundtrack (audio cassette)	transcription of soundtrack* (written or printed document)								
4. If re	cord is held on computer or in	an electronic or machine-readal	ble fo	rm:							
	printed copy of record' printed copy of information readable					computer e form* compact					
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.											
Note t		e in the language you prefer, accable.	cess r	may <i>l</i>	be grant	ed in the					
In which	ch language would you prefer	the record?									
G. Notice of decision regarding request for access You will be notified whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.											
How would you prefer to be informed of the decision regarding your request for access to the record?											
Signed a	at th	isday of			20						