

Annexure A

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

A. Particulars of private body

To: The Information Officer: Mrs C Schoeman

Street Address: Unit 5, Sunbird Office Park, Pasita Street, Tygervalley, 7530

Email address: principal@cmp.co.za

Telephone number: 021 937 8300

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 in the Republic to which the information is to be sent.*
- c) *Proof of the capacity in which the request is made, if applicable must be attached.*

Full names and surname.....

Identity number.....

Postal address.....

Telephone number.....

Email address.....

C. Particulars of the 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 the person on whose behalf request is made

- a) *Provide full particulars of the record 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 attached 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:

.....
.....

E. Fees

- a) *A request for access to a record, other than record containing personal information about yourself, will be processed only after a request free 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 prepared 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:

.....
.....
.....
.....

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:.....

Notes:

- a) Compliance with your request for access in the specified form 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 case you will be informed if the access will be granted in another form.
- c) The fees payable for access to the record, if any, will be determined partly by the form in which access is requested.

Mark the appropriate box with an X

1. If the record is in 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 images		Copy of 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 or printed document)		
--	---	--	--	--	--

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

	Print copy of record*		Printed copy of information derived from the record*		Copy in computer readable form* (cd or flash drive)
--	-----------------------	--	--	--	---

*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)? YES..... NO.....

G. Particulars of right to be exercised or protected

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

1. Indicate which right is to be exercised or protected:

.....
.....
.....

2. Explain why the record requested is required for the exercise or protection of the
aforementioned right:

.....
.....
.....

H. Notice of decision regarding request for access

You will be notified in writing 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 at.....this day.....of.....year.....

.....
Signature of requester/Person on whose
behalf request is made