



**economic  
development**

Economic Development Department  
REPUBLIC OF SOUTH AFRICA

**ANNEXURE "C"**

**FORM B  
NOTICE OF INTERNAL APPEAL**

(Section 75 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

**[REGULATION 8]**

<b>STATE NUMBER:</b> _____	<b>YOUR REFERENCE</b>
--------------------------------	---------------------------

**A. Particulars of the department**

The Information Officer/Deputy Information Officer:

---

---

---

---

**B. Particulars of requester/third party who lodges the Internal Appeal**

- (a) The particulars of the person who lodge the internal appeal must be given below.
- (b) Proof of capacity in which the request is made, if applicable, must be attached.
- (c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given in C below.
- (d) Furnish an address and/or fax number in the Republic to which information must be sent.

Full name and surname: \_\_\_\_\_

---

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Capacity in which an internal appeal on behalf of another person is lodged: \_\_\_\_\_

**C. Particulars of the requester**

This section must be completed ONLY if a third party other than the requester lodges the internal appeal.

Full name and surname: \_\_\_\_\_

Identity Number/Company Registration Number: \_\_\_\_\_

**D. The decision against which the internal appeal is lodged.**

Mark the decision against which the internal appeal is lodged with an X in the appropriate box:

	Refusal of request for access
	Decision regarding fees prescribed in terms of section 22 of PAIA
	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26 (1) of PAIA
	Decision in terms of section 29(3) of PAIA to refuse access in the form requested by the requester
	Decision to grant request for access

**E. Grounds for appeal**

If the provided space is inadequate, please continue on a separate sheet and attach it to this form. You must sign the additional sheet(s).

State the grounds on which the internal appeal is based: \_\_\_\_\_

---

---

---

State any other information that may be relevant in considering the appeal: \_\_\_\_\_

---

---

---

**F. Notice of decision on appeal**

You will be notified in writing of the decision on your internal appeal. 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 the request?

---

---

---

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

\_\_\_\_\_  
**SIGNATURE OF APPELLANT**