



**economic  
development**

Economic Development Department  
REPUBLIC OF SOUTH AFRICA

**ANNEXURE "A"**

**FORM A**

**REQUEST FOR ACCESS TO RECORDS OF A PUBLIC BODY**

Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)  
**[Regulation 6]**

**A. Particulars of public body**

Attention \_\_\_\_\_

The Information Officer/Deputy Information Officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 names and surname: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Capacity in which this 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 allocated.

(b) If the provided space is inadequate, please continue on a separate sheet and attach it to this form. The requester must sign all additional sheets.

1. Description of the record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**F. Form of access to record**

If you are prevented by 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 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 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 written in a printed form:			
<input type="checkbox"/>	copy of record	<input type="checkbox"/>	inspection of record
2. If the record consists of visual images: (this includes photographs, slides, video recordings, computer-generated images, sketches etc)			
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy the images
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images
3. If the record consists of recorded words or information which can be reproduced in sound:			
<input type="checkbox"/>	Listen to the soundtrack (audio cassettes)	<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 (stiffy or compact disc)
If you requested a copy or transcription of a record (above), do you wish the copy or the transcription to be posted to you?			YES	NO	
<b>Postage is payable.</b>					
<b>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.</b>					
In which language do you prefer the record?					

**G. 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 thereof 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 \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE**