

## Request for access to record of private body

(Section 53(1) of the Promotion of Access to Information Act, 2000)

### A. Particulars of private body

Authorised Person:	Leopold Malan
Postal Address:	PO Box 1991 Parklands 2121
Physical address:	The Sunnyside Office Park 2 Carse O'Gowrie Road Parktown Johannesburg 2193
Telephone	0860 00 77 44
Fax:	0862 62 77 44
Email Address:	<a href="mailto:leopoldm@brightrock.co.za">leopoldm@brightrock.co.za</a>

### B. Particulars of person requesting access to the record

Full name and surname:

Identity number:

Postal address:

Physical address:

Telephone

Fax:

Email address:

Capacity in which request is made, when made on behalf of another person:

- (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.*

**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.***

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 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:

**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 hereunder, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required:
<p>Mark the appropriate box with an <b>X</b>.</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>a) Compliance with your request in the specified form may depend on the form in which the record is available.</li> <li>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.</li> <li>c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</li> </ul>	

<b>1. If the record is in written or printed form:</b>			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
<b>2. If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>			
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>			
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	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 transcription to be posted to you?  <b>Postage is payable.</b>	YES	NO
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**G. Particulars of right to be exercised or protected**

*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. 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 \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of requester /  
person on whose behalf request is made