

ANNEXURE A
FORM C
REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY FORM
(Section 53(1) of the Act) [Regulation
10]

A. Particulars of private body

The Head: _____

Company Name: _____

Company Registration Number: _____

B. Particulars of 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 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: _____

Postal address: _____

Fax number: _____

Telephone number: _____

E-mail address: _____

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

Not available.

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 requestor /
person on whose behalf request is made

Name of requestor /
person on whose behalf request is made

FEES PAYABLE IN RESPECT OF RECORDS REQUESTED FROM FACECAMALERT

ANNEXURE C

	DETAILS OF REQUEST	COST
1	Standard fee for any request to be processed regardless of success of request.	R200
2	If successful the following amount is payable for the provision of feedback, footage and documentation where applicable.	R400