

J752



#### **REPUBLIC OF SOUTH AFRICA**

# FORM C REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]

# A. Particulars of private body

•	The	Inform	ation	Officer:
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○ Name: Vacant role (in process of recruiting role – 2 July 2024)

Designation: Legal Advisor

- o Physical address:
- o Postal address:
- o Telephone number:
- o Fax number:
- o E-mail:

Full names and surname:

Identity number:

# The Deputy Information Officer:

o Name: Thomas Dods

o Designation: Financial Accountant

o Physical address: Level 6, West Wing, Cento Building, Bella Rosa Office Park, 21 Durbanville

Avenue, Bellville, Western Cape

O Postal address: As above

O Telephone number: 021 948 0934

O Fax number: 021 910 3767

O E-mail: dodst@dnpg.co.za

## 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 r										t be giv	/en.	
(c) Proof of the capacity in w	vhich th	e reque	est is m	ade, if a	applicat	ole, mu	st be at	tached	•			
<b>5 1 1 1 1 1 1 1 1 1 1</b>												
Full names and surname:									• • • • • • • • • • • • • • • • • • • •			 
Identity number:												
	1	<u> </u>		<u> </u>			<u> </u>				<u> </u>	 <u>L</u>
Postal address:												 
Telephone number:	(	)				. Fax	numbe	r: (	)			 
E-mail address:												 
Capacity in which request is made, when made on behalf of another person:												
	,											
C. Particulars of person on	whose	e behal	f reque	st is m	ade							
This section must be completed ONLY if a request for information is made on behalf of another person.												
This section must be completed ONET if a request for information is made on behalf of another person.												



# FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

#### 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.

made digit all the additional follows
Description of record or relevant part of the record:
2. Reference number, if available:
3. Any further particulars of record:
E. Fees
<ul> <li>(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.</li> <li>(b) You will be notified of the amount required to be paid as the request fee.</li> <li>(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.</li> </ul>
(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:



## FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

#### 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:	Disability: Form in which record is required:						
Mark the ap	ppropriate box with an <b>X</b> .						
<ul> <li>Mark the appropriate box with an X.</li> <li>NOTES: <ul> <li>(a) Compliance with your request for access 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> </li> </ul>							
1. If the red	cord is in written or printed for	<u> </u>					
	copy of record*	inspection of record					
	consists of visual images - ludes photographs, slides, vide	eo recordings, computer-generated ir	nages, sketches, e	etc.):			
	view the images copy of the images* transcription of the images*						
3. If record	consists of recorded words or in	nformation which can be reproduced in	sound:				
	listen to the soundtrack (audio cassette)	transcription of soundtrack* (written or printed document)					
4. If record	is held on computer or in an e	lectronic or machine-readable form:					
	printed copy of record*  printed copy of information derived from the record*  copy in computer readable form* (stiffy or compact dis						
*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.  *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.  *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.							
If the provid	ed space is inadequate, please cater must sign all the additional	ontinue on a separate folio and attach it folios.	to this form.				
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:							



## FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

# 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.

	rmed of the decision regarding your request for access	
Signed at	this day of	year
	SIGNATURE OF REQU PERSON ON WHOSE E	ESTER / BEHALF REQUEST IS MADE

Date Reviewed: July 2024