



As required by Regulation 8 of PAIA

Note:

1. If your request is granted the—
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

To:

The Requestor	
Address	
Email address	
Reference Number	
Date of request	

1 You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

OR

2 You requested:

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)

Copy of record on compact disc drive (including virtual images and soundtracks)

Initial

Copy of record saved on cloud storage server	
--	--

3 **To be submitted:**

Postal services to postal address	
Postal services to street address	
Courier service to street address	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language	(please complete with an official language of the Republic)

(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)

Kindly note that your request has been:	Approved	Denied
If denied, state reasons below:		

4 **Fees payable with regards to your request:**

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on: (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images	Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio record, per A4-size	R24.00		

Initial

Copy of an audio record (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor		R40.00		
Postage, e-mail or any other electronic transfer:		Actual costs		
TOTAL:		R		
5	Deposit payable (if search exceeds six hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Hours of search		Amount of deposit (calculated on one third of total amount per request)	

The amount must be paid into the following Bank account:

Name of account holder	
Name of bank	
Type of account	
Account number	
Branch code	
Reference number	
Submit proof of payment to	

DATED AT (place)		ON		20	
------------------	--	----	--	----	--

Information Officer

--