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

Note:

1. Affidavits or other supporting documents may be included.
2. Additional Information can be included.
3. Sign each page.
4. Scan and email this request to accounts@fnsh.co.za.

A. PARTICULARS OF PRIVATE BODY

The Head

_____

_____

_____

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

a) The particulars of the person who requests access to the record must be recorded below.
b) Furnish an address and/or fax number in the Republic of South Africa to which information must be sent.
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: _____

Sign: _____

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: _____

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 attached it to this form. The requester must sign all additional folios.*

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

_____

_____

_____

_____

2. Reference number, if applicable: _____

3. Any further particulars of record: _____

_____

_____

_____

_____

Sign: _____

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 requested 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 the record.

d) *If you qualify for exemption for the payment of anu fee, please state the reason.*

Reason for exemption from payment of fees:

_____

_____

_____

_____

F. FORM OF ACCESS TO RECORD

If you are prevented by a disability to read, view or listed 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: _____**
_____ _____ _____ _____ _____	_____ _____ _____ _____

Mark the applicable checkboxes below 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 the access is requested.

1. If the record is in writing or printed form:

☐	Copy of record*	☐	Inspection of record

Sign: _____

2. If the record consists of visual images: (this includes photographs, slides, video recordings, computer-generated images, sketches etc.)					
☐	View the images	☐	Copy the images*	☐	Transcription of the images*
3. If the record consists of recorded words or information 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 an electronic or machine readable form:					
☐	Printed copy or record*	☐	Printed copy of information derived from the record*	☐	Copy in computer readable form* (i.e. 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? **A postage fee is payable. -**	**Yes**	**No**

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 requested record is required for the exercising or protection of the aforementioned right:

_____

_____

_____

_____

Sign: _____

H. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified in writing whether your request has been approved or denied. If you wish to be informed thereof in another manner, please specify the manner and provide particulars to enable compliance with your request.

How would you like to be informed of the decision regarding your request for access to the record?

_____

_____

Signed at _____ this _____ day of _____ 20_____

_____ _____

Full Name **Signature**

(Name and signature of requester or person on whose behalf request is made)