

FORM C

REQUEST FOR ACCESS TO A RECORD OF A PRIVATE BODY

(SECTION 53(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT 2 OF 2000)

A. PARTICULARS OF A PRIVATE BODY

HEAD OF PRIVATE BODY: JÜRGEN SCHALAMON
INFORMATION OFFICE OF PRIVATE BODY: ELIZE ISENSCHMID

B. PARTICULARS OF REQUESTER

SURNAME:.....
FULL NAMES:.....
IDENTITY NUMBER:
PHYSICAL ADDRESS:.....
POSTAL ADDRESS:.....
TELEPHONE NUMBER:.....
FAX NUMBER:.....
E-MAIL:.....

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

*Complete this section only if you are requesting information on behalf of another person

SURNAME:.....
FULL NAMES:.....
IDENTITY NUMBER:
CAPACITY IN WHICH REQUEST IS MADE:.....

D. PARTICULARS OF RECORD

DESCRIPTION OF RECORD OR RELEVANT PART OF RECORD:.....
.....
.....
REFERENCE NUMBER, IF AVAILABLE:.....

FURTHER PARTICULARS OF RECORD, IF ANY:.....

.....

.....

E. FEES

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.

THE REQUEST FEE PAYABLE, IN TERMS OF THE FEE SCHEDULE ATTACHED, IS R50.

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 AN PREPARE A RECORD. SEE SCHEDULE ATTACHED.

IF YOU QUALIFY FOR EXEMPTION OF THE PAYMENT OF ANY FEE, PLEASE STATE THE REASON FOR EXEMPTION.

REASON FOR EXEMPTION:.....

*If the space provided above is inadequate, continue on a separate folio. The requester must sign all additional folios.

F. FORM OF ACCESS TO RECORD

IF YOU ARE PREVENTED BY DISABILITY TO READ, VIEW OR LISTEN TO THE RECORD IN THE FORM OF ACCESS PROVIDED FOR IN 1 TO 4 HEREUNDER, MARK APPROPRIATE BOX WITH AN X AND INDICATE IN WHICH FORM THE RECORD IS REQUIRED.

COMPLIANCE WITH YOUR REQUEST IN THE SPECIFIED FORM MAY DEPEND ON THE FORM IN WHICH THE RECORD IS AVAILABLE.

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.

THE FEE PAYABLE FOR ACCESS FOR THE RECORD, IF ANY, WILL BE DETERMINED PARTLY BY THE FORM IN WHICH ACCESS IS REQUESTED.

| DISABILITY | FORM IN WHICH RECORD IS REQUIRED | |
|------------|----------------------------------|--------------------|
| BLINDNESS | <input type="checkbox"/> | PRINTED OR WRITTEN |
| DEAF | <input type="checkbox"/> | VISUAL |
| OTHER | <input type="checkbox"/> | AUDIO |

| | | | | |
|----|---|--|--|----|
| 1. | IF THE RECORD IS IN WRITTEN OR PRINTED FORM | | | |
| | COPY OF RECORD | | INSPECTION OF RECORD | |
| 2. | IF THE RECORD CONSISTS OF VISUAL IMAGES. THIS INCLUDES PHOTOGRAPHS, SLIDES, VIDEO RECORDINGS, COMPUTER GENERATED IMAGES, SKETCHES, ETC. | | | |
| | COPY THE IMAGE | | VIEW THE IMAGE | |
| 3. | IF THE RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND | | | |
| | LISTEN TO THE SOUNDTRACK AUDIO CASSETTE | | TRANSCRIBE SOUNDTRACK IN WRITTEN OR PRINTED FORMAT | |
| 4. | IF RECORD IS HELD ON COMPUTER OR IN AN ELECTRONIC OR MACHINE-READABLE FORMAT | | | |
| | PRINTED COPY OF RECORD | | COPY IN COMPUTER READABLE FORM (STIFFY OR DISC) | |
| 5. | IF YOU REQUESTED A COPY OR TRANSCRIPTION OF A RECORD (ABOVE), DO YOU WISH THE COPY OR TRANSCRIPTION TO BE POSTED TO YOU? PLEASE NOTE THAT POSTAGE IS PAYABLE. | | YES | NO |
| | | | | |

G. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

INDICATE WHAT RIGHT IS TO BE EXERCISED OR PROTECTED:.....

.....

EXPLAIN WHY THE INFORMATION REQUESTED IS REQUIRED FOR THE EXERCISE OR PROTECTION OF THE AFOREMENTIONED RIGHT:.....

.....

*If the space provided above is not adequate, continue on a separate folio and attach it to this form. The requester must sign all additional folios.

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 IN ANOTHER MANNER, PLEASE SPECIFY THE MANNER AND PROVIDE THE NECESSARY PARTICULARS TO ENABLE COMPLIANCE WITH YOUR REQUEST.

PLEASE STATE THE MANNER, OTHER THAN IN WRITING, IN WHICH YOU WOULD LIKE TO BE INFORMED OF THE DECISION REGARDING ACCESS:.....

Signed at.....this.....day of20

SIGNATURE OF REQUESTER/PERSON

ON WHOSE BEHALF REQUEST IS MADE