

**FORM C**

**REQUEST FOR ACCESS TO A RECORD OF A PRIVATE BODY**

**(SECTION 53(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, NO. 2 OF 2000 (“PAIA”))**

**A. PARTICULARS OF A PRIVATE BODY**

NAME: SAMANCOR CHROME LIMITED
HEAD OF PRIVATE BODY: DESMOND MCMANUS
FIRST INFORMATION OFFICER OF PRIVATE BODY: JOSLYN SITHOLE
SECOND INFORMATION OFFICER OF PRIVATE BODY: SORREL BOLAM - GEEL

**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**

<i>*Complete this section only if you are requesting information on behalf of another person</i>
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 **R50.00**

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. 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 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		PRINTED OR WRITTEN	
DEAF		VISUAL	
OTHER		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 DISK)	
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 is inadequate, continue on a separate folio. 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 WRITING, IN WHICH YOU WOULD LIKE TO BE INFORMED OF THE DECISION REGARDING ACCESS: .....

**I. PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”) CONSIDERATIONS**

THE PERSONAL INFORMATION COLLECTED IN B. AND C. ABOVE WILL BE USED TO:

1. VERIFY THE REQUESTOR’S IDENTITY (OR THAT OF THE REQUESTOR’S PROXY);
2. ASSESS THE AUTHORITY OF THE PROXY TO MAKE THE REQUEST (WHERE APPLICABLE);
3. EVALUATE THE REQUEST IN LINE WITH THE INFORMATION SOUGHT AND THE AUTHORITY IN TERMS OF WHICH THE REQUEST IS MADE;
4. COMMUNICATE WITH THE REQUESTOR THROUGHOUT THE EVALUATION PROCESS; AND
5. PROVIDE FEEDBACK BY GRANTING OR DENYING THE REQUEST IN LINE WITH PAIA.

DEPENDING ON THE REQUEST MADE, FURTHER PROCESSING ACTIVITIES MAY INCLUDE SHARING THE PERSONAL INFORMATION WITH AUTHORISED THIRD PARTIES BUT ONLY IN-SO-FAR-AS THIS MAY BE NECESSARY TO FULFIL THE REQUEST. SAMANCOR CHROME LIMITED WILL ORDINARILY NOT TRANSMIT ANY PERSONAL INFORMATION OUTSIDE THE BORDERS OF SOUTH AFRICA BUT WILL NOTIFY THE REQUESTOR IN THE EVENT THAT IT BECOMES NECESSARY TO DO SO.

Signed at .....this.....Day of.....20.....

\_\_\_\_\_  
SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE

#### SCHEDULE OF FEES

ITEM	DESCRIPTION	RATE
a.	S54(1) request fee	R50.00 (Fifty Rand)
b.	Production fee per page	R0.75 (Seventy-five cents)
c.	Appeal	R50.00 (Fifty Rand)

#### PAYMENT ACCOUNT

**EFFECT PAYMENT INTO THE FOLLOWING BANK ACCOUNT AND REMIT PROOF VIA EMAIL TO THE ELECTRONIC MAILBOX BELOW:**

NAME SAMANCOR CHROME LIMITED  
BANK STANDARD BANK OF S.A.  
ACCOUNT TYPE BUSINESS CURRENT ACCOUNT  
ACCOUNT NUMBER 000487201  
AMOUNT R  
REFERENCE **(INSERT MATTER NAME)**  
EMAIL [Info.Office@SamancorCr.com](mailto:Info.Office@SamancorCr.com)