**ANNEXURE 1: REQUEST FORM FOR PUBLIC BODIES**

**REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**

(Section 18(1) of the Promotion of Access to Information Act (Act. No. 2 of 2000))

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| **FOR DEPARTMENT USE**  **Reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Request received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state rank, name and Surname of information officer/deputy information officer) on \_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place).** **Request fee (if any): R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Deposit (if any): R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Access fee: R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER**  |

**A. Particulars of public body**

The information Officer/Deputy Information Officer:

|  |  |
| --- | --- |
| **Designation** | **National Coordinating Deputy Information Officer** |
| **Postal Address** | **Independent Communications Authority of SA Private Bag X10, Highveld Park 0169** |
| **Telephone** | **012 568 3183** |
| **E-mail** | **Paia@icasa.org.za** |

**B. Particulars of person requesting access to the record.**

(a) The particulars of the person who requests access to the records must be given below.

(b) The address and/or fax number in the Republic to which the information is to be sent must be given.

(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:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Capacity in which the request is made, when made on behalf of another person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**C. Particulars of person on whose behalf request is made**

This section must be completed ONLY if the request for information is made on behalf of another person**.**

Full names and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Particulars of record**

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| 1. Provide full particulars of the records to which access is requested, including the reference number if that is known to the requester, to enable the record to be located.
2. 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.
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Description of record or relevant part of the records:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reference number, if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any further particulars of record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**E. FEES**

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| 1. A request for access to a record, other than a record containing personal information about the requester, will be processed only after a request fee has been paid.
2. The requester will be notified of the amount required to be paid as the request fee.
3. 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.
4. If the requester qualifies for an exemption for payment of any fee, please state the reason for exemption.
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| Reason for exemption from payment of fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**F. Form of access to record**

Where a form of disability may prevent a person to read, view or listen to the records in the form of access provided for in 1 to 4 below, state the requester r disability and indicate in which form the record is required.

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| --- | --- |
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|  |
| --- |
| Form in which record is required |

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mark the appropriate box with an **X**. NOTES: 1. Compliance with the request for access in the specified form may depend on the form in which the record is available.
2. Access in the form requested may be refused in certain circumstances. In such case the requester will be informed if access will be granted in another form.
3. The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.
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|  |
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| * + - 1. If the record is written or in printed form:
 |
|  | Copy of record\* |  | Inspection of recorded |  |  |
| * + - 1. If the record consists of visual images – (This includes photographs, slide, video recordings, computer – generated images, sketches, etc.):
 |
|  | view of images |  | copy of the images\*  |  | transcription of images\* |
| * + - 1. 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) |  |  |
| * + - 1. If record is held on computer or in an electronic or machine-readable form:
 |
|  | Printed copy of record\*  |  | printed copy of information derived from the record\* |  | copy in computer readable form\*(stiffy or compact disc) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*if the requester requested a copy or transcription of a record (above), do the requester wish the copy or transcription to be posted to the requester? | YES

|  |
| --- |
|  |

 | NO

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|  |

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| Note that if the record is not available in the language that the requester prefers, access may be granted in the language in which the record is available. |
| In which language would the requester prefer the record? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**G. Notice of decision regarding request for access**

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| The requester will be notified in writing whether the request has been approved/denied. If the requester wishes to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with the requester request. |

How would the requester prefer to be informed of the decision regarding the request for access to the record? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requester/

Person on whose behalf the request is made.

**ANNEXURE 2: FEES IN RESPECT OF PUBLIC BODIES**

Fees payable:

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| --- | --- | --- |
|  | Action taken  | Fee  |
| i.  | Photocopy of an A4-size page or part thereof  | R0.60  |
| ii.  | Printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form  | R0.40  |
| iii.  | For a copy in a computer-readable form on -CD  |  R40 |
|  |  USB (bring own)  |   |
| iv.  | Transcription of visual images, for an A4-size page or part thereof  | R22.00  |
| v.  | Copy of visual images  | R60.00  |
| vi.  | Transcription of an audio record, for an A4-size page or part thereof  | R12.00  |
| vii.  | Copy of an audio record  | R17.00  |