



**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 required 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 a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F Form of access to record**

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

Disability: _____ _____	Form in which record is required: _____ _____
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mark the appropriate box 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 access is requested.

<b>1 If the record is in written or printed form:</b>			
copy of record*		inspection of record	
<b>2 If record consists of virtual images-</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
view the images	copy the images*	transcription of the images*	
<b>3 If record consists of recorded words or information which can be reproduced in sound:</b>			
listen to the soundtrack (audio cassette)	transcription of soundtrack* (written or printed document)		
<b>4 If record is held on computer or in an electronic or machine-readable form:</b>			
printed copy of record*	printed copy of information derived from the record*	copy in computer readable form* (stiffy or compact disc)	

* If you requested a copy of transcription of a record (above), do you wish the copy or transcription to be posted to you?	YES	NO
<b>Postage is payable</b>		

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.

In which language would you prefer the record? \_\_\_\_\_

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

You will be notified in writing whether your request has been approved/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.

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

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

SIGNATURE OF REQUESTER / PERSON  
ON WHOSE BEHALF REQUEST IS MADE

**Form B**  
**Notice of internal appeal**

(Section 75 of the Promotion of Access to information Act, 2000 (Act 2 of 2000))  
[Regulation 8]

**STATE YOUR REFERENCE  
NUMBER:** \_\_\_\_\_

**A Particulars of public body**

The information Officer/Deputy Information Officer:

\_\_\_\_\_

**B Particulars of requester/third party who lodges the internal appeal**

(a) The particulars of the person who lodge the internal appeal must be given below.  
(b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.  
(c) if the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.

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

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

Postal address: \_\_\_\_\_

\_\_\_\_\_ Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Capacity in which an internal appeal on behalf of another person is lodged: \_\_\_\_\_

**C Particulars of requester**

*This section must be completed ONLY if a third party other than the requester) lodges the internal appeal.*

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

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

**D The decision against which the internal appeal is lodged**

Mark the decision against which the internal appeal is lodged with an X in the appropriate box:

<input type="checkbox"/>	Refusal of request for access
<input type="checkbox"/>	Decision regarding fees prescribed in terms of section 22 of the Act
<input type="checkbox"/>	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act
<input type="checkbox"/>	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
<input type="checkbox"/>	Decision to grant request for access

**E Grounds for appeal**

*If the provided space is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.*

State the grounds on which the internal appeal is based: \_\_\_\_\_

\_\_\_\_\_

State any other information that may be relevant in considering the appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F Notice of decision on appeal**

*You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

State the manner: \_\_\_\_\_

Particulars of manner: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF APPELLANT

**FOR DEPARTMENTAL USE:**

**OFFICIAL RECORD OF INTERNAL APPEAL:**

Appeal received on \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_ (state rank, name and surname of information officer/deputy information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on \_\_\_\_\_ (date) to the relevant authority.

**OUTCOME OF APPEAL:**

DECISION OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER CONFIRMED/NEW

DECISION SUBSTITUTED

NEW DECISION: \_\_\_\_\_

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

DATE

RELEVANT AUTHORITY

RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION OFFICER FROM THE RELEVANT AUTHORITY ON (date): \_\_\_\_\_