PAIA Request Form

This form is designed to assist you in making a request for access to information in terms of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), hereinafter referred to as "PAIA". Please complete all sections of this form accurately and legibly. Incomplete or inaccurate information may delay the processing of your request.

Note:

1. Proof of Identity must be attached by the requester
2. If requests are made on behalf of another person, proof of such authorisation, must be attached to this form
3. The prescribed fee (if any) is payable before a request is processed
4. If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all additional folios

A. PARTICULARS OF PRIVATE BODY/INSTITUTION

Name of private body/institution: _____

_____

Postal address: _____

_____

Street address: _____

_____

_____

Contact number(s): _____

Fax number: _____

E-mail address: _____

Contact person: _____

B. 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: _____

C. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

The particulars of the person who requests access to the record must be recorded below.

Full names and surname: _____

Identity number: _____

Postal address: _____

_____

_____

Street address: _____

_____

_____

Contact number(s): _____

Fax number: _____

E-mail address: _____

Capacity in which request is made (when made on behalf of another person):

_____

D. PARTICULARS OF RECORD

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.

Description of record or relevant part of the record: _____

_____

_____

Reference number, if available: _____

Any further particulars of record: _____

_____

_____

E. ACCESS TO RECORD HELD BY ANOTHER PERSON

If the requested record is held by another person, provide the particulars:

Name and address of person: _____

_____

_____

_____

F. FORM OF ACCESS TO RECORD

Indicate your preference by marking the appropriate box with an "X".

NOTES:

1.If you are prevented by a disability from reading, viewing or listening to the record inthe form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required

2.Compliance with your request may depend on the form in which the record is available

3.Access may be granted in another form

4.The fee payable for access to the record may differ between the different forms of access

1. If the record is in written or printed form: ☐

Copy of record* ☐

Inspection of record ☐

2. If record consists of visual images: ☐

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

View the images ☐

Copy of the images* ☐

Transcription of the images* ☐

3. If record consists of recorded words or information which can be reproduced in sound:

Listen to the soundtrack ☐

Transcription of soundtrack* ☐

4. 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* ☐

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

Postage 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 record requested is required for the exercise or protection of the aforementioned right: _____

_____

_____

H. NOTICE OF DECISION 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 notified

(indicate your preference by marking the appropriate box with an "X"):

Postal Address ☐ FAX ☐ Electronic Mail ☐

Signed at _____ on this _____

day of _____ 20 _____

_____

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

For Office Use

Reference Number: _____

Request received by: _____

(State Reank, Name and Surname _____

of Information Officer) _____

Date Received: _____ **Deposit (If any)** _____

_____

Signature of Information Officer