

**Annexure A FORM 2: REQUEST FOR ACCESS TO RECORD****REQUEST FOR ACCESS TO RECORD**

[Regulation 7]

Note:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

TO: The information officer

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*(Address)*

E-mail address: \_\_\_\_\_

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

Mark with an "X"

 Request is made in my own name Request is made on behalf of another person.**PERSONAL INFORMATION**

Full names:	
Identity number:	
Capacity in which request is made <i>(when made on behalf of another person):</i>	

Postal Address:	
Street Address:	
E-mail Address	
Contact numbers:	
Tel. (B):	
Cellular:	
Facsimile	
Full names of person on whose behalf request is made ( <i>if applicable</i> ):	
Identity number:	
Postal Address:	
Street Address:	
E-mail Address:	
Contact numbers:	
Tel. (B):	
Cellular:	
Facsimile	
<b>PARTICULARS OF RECORD REQUESTED</b>	
<p><b>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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</b></p>	

Description of record or relevant part of the record:	
Reference number, if available:	
Any further particulars of record:	

<b>TYPE OF RECORD</b> <i>(Mark the applicable box with an "X")</i>	
Record is in written or printed form	
Record comprises virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	
<b>FORM OF ACCESS</b> <i>(Mark the applicable box with an "X")</i>	
Printed copy of record <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	
Written or printed transcription or virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
Transcription of soundtrack <i>(written or printed document)</i>	
Copy of record on flash drive <i>(including virtual images and soundtracks)</i>	
Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>	
Copy of record saved on cloud storage server	

<b>MANNER OF ACCESS</b> <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i>	
Postal services to postal address	
Postal services to street address	

Courier service to street address	
Facsimile of information in written or printed format ( <i>including transcriptions</i> )	
E-mail of information ( <i>including soundtracks if possible</i> )	
Cloud share/file transfer	
Preferred language: <i>(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)</i>	

**PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

*If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.*

Indicate which right is to be exercised or protected:	
Explain why the record requested is required for the exercise or protection of the aforementioned right:	

**FEEES**

- a) A request fee must be paid before the request will be considered.
- b) You will be notified of the amount of the access fee to be paid.
- 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:	
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You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication (Please specify)

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

\_\_\_\_\_  
Signature of requester / person on whose behalf request is made

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**FOR OFFICIAL USE**

Reference number:	
Request received by: <i>(state rank, name and surname of information officer)</i>	
Date received:	
Access fees:	
Deposit (if any):	

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*Signature of information officer*

## Annexure B FEES IN RESPECT OF PRIVATE BODIES

## FEES IN RESPECT OF PRIVATE BODIES

Item	Description	Amount
1.	The request fee payable by every requester	R140.00
2.	Photocopy of A4-size page	R2.00 per page or part thereof.
3.	Printed copy of A4-size page	R2.00 per page or part thereof.
4.	For a copy in a computer-readable form on: <ul style="list-style-type: none"> <li>(i) Flash drive (to be provided by requestor)</li> <li>(ii) Compact disc <ul style="list-style-type: none"> <li>• If provided by requestor</li> <li>• If provided to the requestor</li> </ul> </li> </ul>	R40.00 R40.00 R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	Service to be outsourced. Will depend on quotation from Service provider.
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on: <ul style="list-style-type: none"> <li>(i) Flash drive (to be provided by requestor)</li> <li>(ii) Compact disc <ul style="list-style-type: none"> <li>• If provided by requestor</li> <li>• If provided to the requestor</li> </ul> </li> </ul>	R40.00 R40.00 R60.00
9.	To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. To not exceed a total cost of	R145.00 R435.00



10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.	Postage, e-mail or any other electronic transfer	Actual expense, if any.

**Annexure C - Form 1 REQUEST FOR A COPY OF THE GUIDE****REQUEST FOR A COPY OF THE GUIDE**

[Regulations 2 and 3]

TO: The Information Regulator

P.O. Box 31533

Braamfontein

2017

Email address:

Tel number: +27 (0) 10 023 5200

**OR**

The Information Officer

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I,

Full names:				
In my capacity as (mark with "x")	Information Officer		Other	
Name of public/private body (if applicable)				
Postal Address:				
Street Address:				

Email Address:				
Facsimile:				
Contact numbers:	Tel. (B):		Cellular:	

hereby request the following copy(ies) of the guide:

Language (make with "X")		No. of copies	Language (make with "X")		No. of copies
	Sepedi			Sesotho	
	Setswana			siSwati	
	Tshivenda			Xitsonga	
	Afrikaans			English	
	isiNdebele			IsiXhosa	
	isiZulu				

Manner of collection (mark with "x")

Postal address	Facsimile	Electronic communication (please specify)

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

\_\_\_\_\_  
Signature of requester

**Annexure D FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE**

**OUTCOME OF REQUEST AND OF FEES PAYABLE**

[Regulation 8]

Note:

- 1. If your request is granted the-
  - a) amount of the deposit, (if any), is payable before your request is processed; and
  - b) requested record/portion of the record will only be released once proof of full payment is received.
  
- 2. Please use the reference number hereunder in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request dated \_\_\_\_\_, refers.

**You requested:**

<p>Personal inspection of information at the registered address of Aktiv60 (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you are liable for the fess prescribed in Annexure B.</p>	
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OR

**You requested:**

Printed copies of the information (including copies of an virtual images, transcriptions and information held on computer or in an electronic or machine readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
Transcription of soundtrack (written or printed document)	
Copy of information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

**To be submitted:**

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language:  (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)	

Kindly note that your request has been:

Approved

Denied for the following reasons:

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**Fees payable with regards to your request:**

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(iii) Flash drive (to be provided by requestor)	R40.00		
(iv) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.		
Copy of visual images			
Transcription of an audio record, per A4-size page	R24.00		
Copy of an audio record on:			
(iii) Flash drive (to be provided by requestor)	R40.00		
(iv) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		

Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL</b>			

Deposit payable (if search exceeds six hours):

Yes

No

Hours of search		Amount of deposit  (calculated on one third of total amount per request)	
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The amount must be paid into the following Bank account:

Name of bank: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch code: \_\_\_\_\_

Reference number: \_\_\_\_\_

Submit proof of payment to: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Information Officer

**Annexure E - OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

[Regulation 2]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number / E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>



Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (     )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f)</b> <i>(Please provide detailed reasons for the objection)</i>

Signed at ..... this ..... day of .....20.....

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*Signature of data subject/designated person*

**Annexure F - REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

[Regulation 3]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the request may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

Mark the appropriate box with an "x".

**Request for:**

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	



<b>D</b>	<b>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a)</b>
	<b>WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY ; and or</b>
	<b>REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b)</b>
	<b>WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</b>
	<i>(Please provide detailed reasons for the request)</i>

Signed at ..... this ..... day of .....20.....

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*Signature of data subject/ designated person*

**Annexure G**

If request is for **access to** your own personal information records:

Last name appearing on records: same as below, or:

Mr. Mrs. Ms. Miss Last Name:

First Name: Middle Name:

Telephone Number ( ) \_\_\_\_\_

Unique identifier (if applicable)\_\_\_\_\_

**Request Form**

Under section 23 of the Protection of Personal Information Act, 2013

<b>Name of Responsible Party request is made to:</b>	:
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Detailed description of requested records and/or personal information. (If you are requesting access to your personal information, please identify the personal information record containing the person information, if known.)

<b>Preferred method of access to</b>	<input type="checkbox"/> Examine Original	Signature:	Date :
	<input type="checkbox"/> Receive Copy		

## Responsible Party Use

Date Received:

Request Number:

Comments

Personal Information contained on this form is collected pursuant to the Protection of Personal Information Act, 2013 and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Information Officer of the Responsible Party at Aktiv60 (Pty) Ltd.