11.1 Annexure 1: FORM A: HSRC request form

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

Section 18 (10 of the Promotion of Access to Information Act, 2000 (Act no 2 of 2000) [Regulation 6]

FOR DEPARTMENTAL USE

Reference Number:									
Request received by:									
On	(date) at	(place)							
Deposit (if	(if any): R any): R R								
Signature of the Information Officer/Deputy Information Officer									
A: Particula	ars of the public body								
The Information Officer/Deputy Information Officer:									

B: Particulars of person requesting access to the record

- a) The particulars of the person who requests access to the record must be given below.b) The address and/or fax number in the
- Republic to which the information is to be

Full names and surname:
Identity number:
Postal address:
Fax number:
Telephone number:
E-mail address:
Capacity in which the request is made, when made on behalf of another person:
C: Particulars of person on whose behalf the request is made
This section must be completed ONLY if a
Full names and surname:ldentity number:

D: Particulars of the record requested

- a) 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.
- b) If the provided space is inadequate, please continue to a separate folio and attach it to this form.

The requester must sign all the additional folios.

rt of the record:
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E: Fees

- a) A request for access to a record, other than 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, vie provided for in 1-4 below, state your disability a	ew or listen to the record in the form of access nd indicate in which form the record is required
Disability	Form in which record is required
a) Compliance with your request for according form in which to b) Access in the form requested may be case you will be informed if according to the recording for access to the recording for access to the recording for access to the recording for access.	ess in the specified form may depend on the he record is available. refused in certain circumstances. In such a cess will be granted in another format. rd, if any, will be determined partly by the form cess is requested.
Mark the appr	opriate box with an X
1. If the record is in	written or printed form:
Copy of record *	Inspection of record
	ges (including photographs, slides, video nerated images, sketches, etc.)

Copy of the

images *

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

View the images

Listen to the soundtrack

(audio cassette)

Transcription of the

images *

Transcription of soundtrack *

(written or printed document)

4	4. If the record is held or	n comput	er or in an electronic	or machin	e-rea	dable form:		
	Printed copy of the record *		Printed copy of the information derived from the record *		Copy on 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?				VEQ. NO.				
Postage is payable				YES NO				
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.								
G: Notice of decision regarding request for access You will be notified 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?								
Signe	d at			20)			
Signature of requester / person on who's behalf request is								

made