



REPUBLIC OF SOUTH AFRICA

FORM A
REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY
(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))
[Regulation 6]

FOR DEPARTMENTAL 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

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SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

A. Particulars of public body

The Information Officer/Deputy Information Officer:

Mr G J Wissing
Deputy Information Officer
National Department of Health
Private Bag X828
PRETORIA
0001

Tel. no. 012 395 8457
Fax no. 086 632 8511

Email: wissing@health.gov.za

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 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:

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Postal address:

Telephone number: (.....) Fax number: (.....)

E-mail address:

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

C. 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:

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D. Particulars of record

(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 on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Description of record or relevant part of the record:

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2. Reference number, if available:

3. Any further particulars of record:

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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:

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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.

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|--|-----------------------------------|
| Disability: | Form in which record is required: |
| 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. | |

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|--|-----------------|--|----------------------|--|------------------------------|
| 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* |

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|--|--|--|---|--|--|
| 3. If 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) | | |
| 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* (stiffy or compact disc) |

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|--|-----|----|
| *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 |
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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 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?

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Signed at this day of year

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SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE