

## PROMOTION OF ACCESS TO INFORMATION REQUEST FORM

(REQUEST FOR ACCESS TO A RECORD HELD BY SMARTCOM)  
(Section 53(1) of the Promotion of Access to Information Act, 2000)  
(Act No. 2 of 2000)

### A. Particulars of private body:

Name and details: \_\_\_\_\_

Represented by: \_\_\_\_\_

### 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.                |

First names and Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Telephone 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.

First names and Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

### D. Particulars of 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 on a separate schedule and attach it to this form. The requester must sign all additional schedules.         |

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

2. Reference number, if available: \_\_\_\_\_

3. Any further particulars of the record:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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. You will be notified of the request fee required to be paid. |
| (b) | 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.  |
| (c) | If you qualify for an 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 or view the record in the form of access provided for in 1 to 3 hereunder, state your disability and indicate in which form the record is required.

Disability: \_\_\_\_\_  
Form in which record is required: \_\_\_\_\_

Mark the appropriate box with an "X". Please note: (a) Compliance with your request 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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- If the record is in written or printed form:  
Copy of Record  Inspection of record
- If the record consists of visual images (this includes photographs, slides, computer-generated images, sketches, etc):  
View the images  Copy of images (stiffy)  Copy of images(cd)
- If the 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

**G. Particulars of right to be exercised or protected**

If the provided space is inadequate, please continue on a separate schedule and attach it to this form. The requester must sign all the additional schedules.

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

**H. Notice of decision regarding request for access**

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

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

\_\_\_\_\_  
Signature of Requester/Person  
on whose behalf request is made