REQUEST FOR A COPY OF THE GUIDE [Regulations 2 and 3]

То		ation Regulator 533, Braamfont				E-mail address: Tel number:	inforeg@justice +27 (0)10 023 52	.gov.z: 200
Or		nation officer						

I, Full	names:							
In my	capacity as (n	nark with "X"):			nformat	ion Officer	Othe	r
Name	of *Public/Pr	ivate body (<i>if a</i>	oplicable)					
Posta	l Address:							
Street	Address:							
E-mai	l address:							
Facsir	nile:							
Conta	ct numbers:			Tel (\	/ /)		Cell	
	y request the uage (mark w	following copy(No of C			 lage (mark with "X	") No of Co	 pies
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Setsw	ana				siSwati			
Tshive	enda				Xitsonga			
Afrika	ans				English			
isiNde	ebele				ísiXhosa			
isiZulı	1							
Mann	er of collection	n (mark with " X	")			-	·	
Persor	nal Collection	Postal Address	5	Facs	simile	Electronic Commun	ication (Please Specify)
				d	ay of		. 20	
Signat	ture of reques	ter						
*Delete	e whichever is no	t applicable						

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.

*The information officer			Email Fax				
Mark wi	th an " X "						
Red	quest is made in my o	own name		Request is made	on behalf of an	other p	erson.
PERSON	IAL INFORMATIO	V					
Full nan	nes						
Identity	number						
Capacit	y in which						
request	is made						
(when mo	ade on behalf						
of anothe	er person)						
Postal A	ddress						
Street A	ddress						
E-mail a	ddress						
Contact	numbers	Tel (W)		Facsimile		Cell	
Full nan	nes of person						
on who	se behalf						
request	is made						
(if applied	able)						
Identity	number						
Postal A	ddress						
Street A	ddress						
E-mait a	ddress						
Contact	numbers	Tel (W)		Facsimile		Cell	
Provide fu record to	ill particulars of the reco be located. (If the provic	rd to which o	TICULARS OF RE access is requested, inc madequate, please cor pages must i	cluding the referent ntinue on a separat	e number if that is	known to	o you, to enable the form. All additional
Descript	tion of record						
or relev	ant part of the				-		
record							

Reference number, if available:		
Any further particulars of record:		
	TYPE OF RECORD (Mark the applicable box with an "X")	
Record is in written or pri	nted form	
Record comprises virtual	Images (this includes photographs, slides, video recordings,	
computer-generated imag	ges, sketches, etc)	
Record consists of record	ed words or information which can be reproduced in sound	
Record is held on a comp	uter or in an electronic, or machine-readable form	

FORM OF ACCESS (Mark the applicable box with an "X")	
Printed copy of record (including copies of any 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 record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	

MANNER OF ACCESS (Mark the applicable box with an "X")	
Personal inspection of record at registered address of public/private body (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)	
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)	
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)	

Explain why the record requested is required		
for the exercise or protection of the aforementioned right:		
arovernentioned right.		
		FEES
b) You will be notified of the am c) The fee payable for access reasonable time required to s d) If you qualify for exemption of	to a record dep	
ou will be notified in writing whet osts relating to your request, if ar	her your reques y. Please indica	it has been approved or denied and if approved th ite your preferred manner of correspondence:
Postal address F	acsimile	Electronic Communication (Please specify)
1440790413911447700499170174174174174747417474747474747	••••	day of 20
nature of requester / person on whose	 behalf request is r	
nature of requester / person on whose eference number:	 behalf request is r	nade
eference number: equest received by:	behalf request is r	nade FICAL USE
eference number: equest received by: tate Rank, Name and Surname of In	behalf request is r	nade FICAL USE
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LODGING OF AN INTERNAL APPEAL

[Regulation 9]

		Re	eference No)	******
	PARTICU	LARS OF PUBLIC B	ODY		
Name of Public Body					
Name and Surname of	nformation Officer				
PARTICUI	ARS OF COMPLAIN	ANT WHO LODGES	THE INTE	PNAI ADDEAL	
Full Names			1112 11412	NIAL AFFEAL	
Identity Number					
Postal Address					
Contact Numbers	Tel (W)	Facsimile		Cell	
Is the internal appeal loo	ged on behalf of an		Yes	No	
If answer is " yes ", capaci behalf of another persor which appeal is lodged, if	n is lodged: (Proof of applicable, must be a	the capacity in ttached.)			
		OSE BEHALF THE IN	ITERNAL A	PPEAL IS LODGED	
Refusal of request for ac	cess				
Decision regarding fees	rescribed in terms o	of section 22 of the	Act		
Decision regarding the ex	tension of the perio	d within which the	request mu	ist he dealt with in	
termsor section 26(1) of t	he Act				
Decision in terms of Secti	on 29(3) of the Act to	o refuse access in th	ne form rec	usested by the	
requester				desica by the	
Decision to grant request	for access				
(If the provided space is inadequa	GROUN te, please continue on a sepa	NDS FOR APPEAL arate page and attach it to	this form. All the	e additional pages must be size	- 413
State the grounds on which the internal appeal is based				e doublional pages must be signe	:d.)
State any other information that may be relevant in considering the appeal					

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

FOR OFFICIAL U	20 SE RNAL APPEAL	
FOR OFFICIAL U	SE RNAL APPEAL	
	RNAL APPEAL	
nformation officer)		
hird party to whom or wh	ficer's decision and, where nich the record relates	Yes
cer		No
OUTCOME OF APP	EAL	
New decision	New decision (if not confirmed)	
(If not confirmed		
New decision	New decision (If not confirmed)	
(if not confirmed		
New decision	New decision (if not confirmed)	
(if not confirmed		
New decision	New decision (if not confirmed)	
(if not confirmed		
New decision	New decision (if not confirmed)	
(if not confirmed,		
	New decision (if not confirmed) New decision	New decision (if not confirmed) New decision (if not confirmed)

LODGING OF COMPLAINT

[Regulation 10]

Note

- This form is designed to assist the Requester (hereinafter referred to as "the Complainant") in requesting a review of a
 public or private body's response or non-response to a request for access to records under the Promotion of Access to
 Information Act, 2000 (Act No. 2 of 2000) ("PAIA"). Please fill out this form and send it to the Information Regulator or
 complete the online complaint form available at https://www.justice.gov.za/inforeg/.
- 2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in part E of this complaint form.
- 3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as "the Body") an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed PAIA form and submit it to the Body.
- 4. A copy of this form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
- 5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
- 6. Please attach copies of the following documents, if you have them:
 - Copy of the form to the Body requesting access to records;
 - The Body's response to your complaint or access request:
 - Any other correspondence between you and the Body regarding your request;
 - Copy of the appeal form, if your compliant relate to a public body;
 - The Body's response to your appeal;

Complainant Personally

- Any other correspondence between you and the Body regarding your appeal;
- Documentation authorizing you to act on behalf of another person (if applicable);
- Court order or court documents relevant to your complaint, if any.
- If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

То	The Information Regulator P.O Box 31533, Braamfontein 2017	E-mail address: Tel number:	inforeg@justice.gov.z +27 (0)10 023 5200

PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED Mark with an "X"

Representative of Complainant

PREREQUISITES				_
Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No.	Г
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes	-	No	-
Did you exhaust all the internal appeal procedure against a decision of the	-	\dashv	- 110	\vdash
Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes	\dashv	No	

a

Third party

FOR INFORMATION REGULATOR'S USE ONLY						
Received by (Full names)						
Position						
Signature						
Complaint Accepted	Yes	No				
Reference Number		110				

Postal Address	Facsimile	Other Electronic Communication (Please specify)

P	ART A : PERS	ONAL INFOR	MATION OF	COMPLAINAN	Г
Full Names					
Identity Number					
Postal Address					
Street Address		_			
E-mail Address					
Contact Numbers	Tel (W)		Facsimile		Cell
(Complete only if yo	u will be represen	REPRESENT. ted. A Power of Al ing which the com	torney must be a	ttached if complaina	nt is represented,
Full names of representa	ative				
Nature of representation	1				
Identity No./Registration	No.		-		
Postal Address					
Street Address	Tel (W)		Facsimile		Cell
E-mail Address					
Contact Numbers					
		C : THIRD PAI Please attach lette			
Type of body		Private		F	Public
Name of *Public/Private	body				
Registration number (if a	ny)				
Name, surname and title person authorised to lod complaint		-			

Postal Address								
Street Address								
E-mail Address								
Contact Numbers	Tel (W	v)		Fancine!!-				
PAR		DY AGAINST	TWHIC	Facsimile			Cell	
Type of body			rivate	THE CON	PLAINT	S LODGE	D	
Name of *Public/Private	e body		Tivate			Pu	blic	
Registration Number (if								
Name, Surname and Tit person you dealt with a public or private body to resolve your complaint request to access of information	tle of t the							
Postal Address								
Street Address								
E-mail Address								
Contact Numbers	Tel (W)			Facsimile]	
				, acsimile 1		0	ell	
Reference Number giver (if any) Tell us about the ste directly to to	PDS VOU have	Tribon to toria	man - L	PLAINTS ur complaint (o	Complaints s	should first be	e subm	nitted
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	F: DETAILED TYPE OF ACCESS TO RE	
Unsuccessful appeal: (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.	
Unsuccessful application for condonation: (Sections 77A(2)(b) and 75(2) of PAIA)	I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.	
Refusal of a request for access: (Section 77A(2)(c)(i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)	I requested access to information held by a body and that request was refused or partially refused.	
The body requires me to pay a fee and I feel it is excessive: (Sections 22 or 54 of PAIA)	Tender or payment of the prescribed fee.	
Repayment of the deposit: (Section 22(4) of PAIA)	The tender or payment of a deposit.	
Disagree with time extension: (Sections 26 or 57 of PAIA)	The information officer refused to repay a deposit paid in respect of a request for access which is refused.	
Form of access denied: (Section 29(3) or 60(a) of PAIA)	The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.	
Deemed refusal: (Section 27 or 58 of PAIA)	I requested access in a particular and reasonable form and such form of access was refused.	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)	It is more than 30 days since I made my request and I have not received a decision.	

No adequate reasons for the refusal of access: (Section 56(3)(a) of PAIA)	Extension period has expired and no response was received. Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.	
Partial access to record: (Section 28(2) or 59(2) of PAIA)	My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.	
Fee waiver: (Section 22(8) or 54(8) of PAIA)	Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	I am exempt from paying any fee and my request to waive the fees was refused.	
Failure to disclose records:	The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.	
No jurisdiction (exercise or protection of any rights): (Section 50(1)(a) of PAIA)	The Body decided to grant me access to the requested records, but I have not received them. The Body indicated that the requested records are excluded from PAIA and I disagree.	
Frivolous or vexatious request: (Section 45 of PAIA)	The Body indicated that my request is manifestly frivolous or vexatious and I disagree.	
Other: (Please explain):		

	PART G: EXPECTED OUTCOME (How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.)
	bescribe the result or outcome that you seek.)
_	
	PART H : AGREEMENTS
comp	legal basis for the following agreements is explained in the Privacy Notice on how to file your plaint document. In order for the Information Regulator to process your complaint, you need to k each one of the checkboxes below to show your agreement:
	I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.
	The information in this Complaint Form is true to the best of my knowledge and belief.
	I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.
	I authorise anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator. The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.
	If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator; otherwise my complaint could experience a delay or even be closed.
Signed	at
	inant/Representative/Authorised Person of Third party