


Request for Access to Record

[Regulation 7]



Please 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 | Physical Address | 49 Brewery Road | Isando | 1601

Please submit the completed form to the:

Name: Information Officer / Deputy Information Officer

Email Address: POPIA@value.co.za

Mark the appropriate box.

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:
(When made on behalf of another person):

Street address:

E-mail address:

Contact numbers: Tel: Cell:

Full names of person on whose behalf request is made:
(if applicable):

Identity number:

Street address:

E-mail address:

Contact numbers: Tel: Cell:

PARTICULARS OF RECORD REQUESTED

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.)

Description of record or relevant part of the record:

Reference number:
(if available):

Any further particulars of record:

TYPE OF RECORD

(Mark the applicable box)

Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
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	

FORM OF ACCESS

(Mark the applicable box)

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)	
Copy of record saved on cloud storage server	

MANNER OF ACCESS

(Mark the applicable box)

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).	
Courier service to street address	
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)	

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:

FEES

- 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:

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, via email to the email address provided above.

Signed at: _____ this: _____ day of: _____ 20 _____

**Signature of Requester / Person on
whose behalf request is made.**

FOR OFFICIAL USE

Reference number:	
Request received by: (State rank/title, name and surname of information officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer