 <b>PROTEA COIN</b> <small>GROUP</small>	<b>MANUAL OF PROTEA SECURITY SERVICES (REACTION UNIT) (PTY) LTD</b>
	<b>IN TERMS OF SECTION 51(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT NO. 2 OF 2000</b>

**FORM "C"**

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

(Section 53(1) of the Promotion of Access to Information Act No. 2 of 2000)

**[Regulation 10]**

**A. PARTICULARS OF PRIVATE BODY**

The Head:

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**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 facsimile number in South Africa 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: \_\_\_\_\_

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Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

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Facsimile number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

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**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: \_\_\_\_\_

**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 page and attach it to this form. **The requester must sign all the additional pages.**

Description of record and relevant part of record: \_\_\_\_\_

\_\_\_\_\_

Reference number: \_\_\_\_\_

Other particulars of 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.  
 (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 therefore.

Reason for exemption of payment for the fee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**F. FORM OF ACCESS TO THE 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 hereunder, state your disability and indicate in which form the record is required.*

Disability \_\_\_\_\_ Manner in which record is required \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mark the appropriate box with an "X"

NOTES:

(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.

**If the record is in written or printed form:**

Copy of record*			Inspection of record	
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**If the record consists of visual images: (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)**


View the images		Copy the images*		Transcription of the images*	
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**If the record consists of recorded words or information which can be reproduced in sound:**

Listen to the soundtrack (audio cassette)			Transcription of the soundtrack* (written or printed document)	
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**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 record		Copy in computer readable form* (compact disc)	
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<p>* If you request a copy or transcription of a record (above), do you wish the copy or transcript to be posted to you?</p> <p><b>Note that postage is payable prior to the posting of the record, the Information Officer shall provide details in this regard.</b></p>	<p>Yes</p>	<p>No</p>
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**G. 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 of protection of the aforementioned right:

\_\_\_\_\_  
 \_\_\_\_\_

Other particulars of record: \_\_\_\_\_


\_\_\_\_\_  
 \_\_\_\_\_

**H. 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 \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of requester/person on whose behalf request is made**