

ANNEXURE A

REQUEST FOR ACCESS TO RECORDS OF PRIVATE BODY

This annexure must accompany the over letter addressed to the Information Officer

1 Particulars of Nova Life:

Name: Mr. Dakin Parker
Designation: General Manager
Physical address: Forum Building, corner Govan Mbeki and Totius Streets,
Potchefstroom, 2520
Tel: 018 285 0402
Email: einfo@novalifesales.co.za

2 **PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

- 2.1 The particulars of the person who requests access to the record must be given below.
- 2.2 The address and/or fax number in the Republic to which the information is to be sent must be given.
- 2.3 Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname - _____

Identity Number - _____

Postal Address - _____

Email Address - _____

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

3 PARTICULARS OF PERSON ON WHOSE BEHALF THE 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 - _____

4 PARTICULARS OF RECORD

4.1 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.

4.2 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.

Description of record or relevant part of the record –

Reference Number, if available - _____

Any further particulars of record –

5 FEES

- 5.1 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.
- 5.2 There are two types of fees:
 - Request fee: R50
 - Access fee: 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. This is calculated by taking into account reproduction costs, search and preparation costs, as well as postal costs. These fees are set out in **Annexure 2**.
- 5.3 The requester will be notified where the Information Officer requires a deposit (calculated from the access fee). Where a deposit has been taken and the request has subsequently been refused, the Information Officer will refund the deposit to the requester.
- 5.4 Please ensure that you use the following reference for your deposit or we will not be able to identify it as belonging to you:
- 5.5 "PAIA" followed by your initial(s) and surname (e.g. If your initials and surname is AN Smith, you must use PAIA AN Smith as your reference.
- 5.6 You must submit proof of payment before your request can be processed.
- 5.7 If you qualify for exemption of the payment of any fee, please state the reason for exemption

Reason for exemption from payment of fees - _____

6 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 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.			
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 for the record, if any, will be determined partly by the form in which access is requested.			
1. If the record is in written or printed form:			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
2. If record consists of visual images: this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)			
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images"
<input type="checkbox"/>		<input type="checkbox"/>	transcription of images*
3. If record consists of recorded words or information which can be reproduced in sound:			
<input type="checkbox"/>	listen to the soundtrack audio cassette	<input type="checkbox"/>	transcription of soundtrack* written or printed document
4. If record is held on computer or in an electronic or machine-readable form:			
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record
<input type="checkbox"/>		<input type="checkbox"/>	copy in computer readable form* (stiffy or compact disc)
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.			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

7 PARTICULARS OF RIGHTS TO BE EXERCISED OR PROTECTED

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.

9 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?

Signed at _____ this _____ day of _____ 20____

Signature of requester
or
person on whose behalf request is made