

File reference: 1.1.4/request form

REQUEST FOR ACCESS TO RECORD HELD BY THE NORTH-WEST UNIVERSITY

(Section 18 and 53 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 2]

FOR DEPARTMENTAL USE

Reference number:

Request received by:

Date:

Place:

Request fee (if any): R

Deposit (if any): R

Access fee: R

SIGNATURE OF INFORMATION OFFICER /
DEPUTY INFORMATION OFFICER

A. Particulars of institution

Per registered mail:

The deputy information officer
Prof NT Mosia
NWU
Private bag X1290
Potchefstroom
2520

By hand:

The deputy information officer
Prof NT Mosia
NWU
Room 113
C1 Building, Institutional Office
Borchard Street, Potchefstroom

B. Particulars of person requesting access to the record

- (a) *The particulars of the person who requests access to the record must be recorded below.*

(b) *Furnish an address and/of fax number in the Republic to which information must be sent.*

(c) *Proof of capacity in which the request is made, if applicable, must be attached.*

Full 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:

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C. Particulars of right that is exercised or protected

Please indicate what right you want to exercise or protect by the information gathered from this request?

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Please explain why the record is needed for the exercise or protection of the right?

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D. 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 numbers:

E. 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. 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.*
- (b) *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 the record:

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.....

F. Fees

- (a) *A request for access tot 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 the record.*
- (d) *If you qualify for exemption of the payment of any fee, please state the reason therefor.*

Reason for exemption from payment of fees:

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.....

G. Format of access to a record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability:

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.....

Format in which record is required:

.....

Mark the appropriate box with an X

NOTES:

- (a) Your indication as to the required form of access depends 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.

1. If the record is in written or printed form -				
☐	Copy of record *	☐	Inspection of record	
2. If the record consists of visual images - (This includes photographs, slides, video recordings, computer generated images, sketches, etc.)				
☐	View the images	☐	Copy of images*	☐ Transcription of the images*
3. If the record consists of recorded words or information that can be reproduced as sound -				
☐	Listen to the soundtrack (audio cassette)	☐	Transcription of soundtrack (written or printed document)*	
4. If 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*	☐ Copy in computer readable form* (stiffy or compact disc)
*If you requested a copy of transcription of a record (above), do you wish the				☐ YES ☐ NO

copy of transcription to be posted to you?		
A postal fee is payable.		

<i>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.</i>
In which language would you prefer the record?

H. Notice of decision regarding request for access

<i>You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.</i>

How would you prefer to be informed of the decision regarding your request for access to the record?

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Signed aton this day of 20.....

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SIGNATURE OF REQUESTER / PERSON ON WHOSE
BEHALF REQUEST IS MADE

Current details: HSCAVDM r:\1. governance\1pr-1.1.4 paia information manual\1pr-1.1.4-request form_e.docx
2009-12-03