

ANNEXURE A

**M SLABBERT MOTORS CC T/A SEESIG MOTORS
Access Request Form**

FOR OFFICE USE ONLY

Reference Number:

Received By:

(Section 53(1) of the Promotion of Access to Information Act, No 2 of 2000)
(Regulation 10)

A. Particulars of M SLABBERT MOTORS CC

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

M SLABBERT MOTORS CC T/A SEESIG MOTORS

Contact person: M.E. Slabbert
Postal address: P O Box 1911, Mossel Bay, 6500
Physical address: Louis Fourie Road, Voorbaai, Mossel Bay,
Phone Number: +27 (44) 695-0213
Fax Number: +27 (44) 695-1826

B. Particulars of Person requesting access to the record/s

*(a) The particulars of the person who requests access to the records must be provided in the space provided below.
(b) Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.
(c) Proof of the capacity in which a person is making the request must be attached, if applicable.*

Full Name and

Surname: _____

Identity Number: _____

Postal Address: _____

Postal Code: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

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

C. Particulars of person on whose behalf request is made:

This section must only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 folio and attach it to this form. **The requester must sign all additional folios or other annexure.***

1. Description of the Record or relevant part of the record:

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.
Reason for exemption of payment of the fee/s:

F. Form of Access to Record

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 under certain circumstances. In such a case you will be informed whether 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 record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images

Copy of the Images*

Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette)

Transcription of soundtrack* (written or printed document)

4. If the record is held on computer 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 or transcription of a record (above), do not wish the copy or transcription to be posted to you? **Postage is payable** Yes No

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 above, state your disability and indicate in which form the record is required.

Disability: Form in which record is required:

G. Particulars of right to be exercised or protected:

If the provided space is inadequate, please continue on a separate folio and attach it to this form.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 thereof 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 _____ on this the ____ day of _____ 20__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE