

APPENDIX A - FORM C: REQUEST FORM

ACCESS REQUEST FORM

Particulars of Information Officer

Requests can be submitted either via post, e-mail or fax and should be addressed to the Information Officer as indicated below:

Information Officer : T.B. Willemse

Street Address :

14 Bright street

Somerset West 7130

Postal Address :

14 Bright street

Somerset West 7130

Telephone : 021- 8520418

Fax

Email : initiatives@imibala.com

Website : www.imibala.com

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 fax number in the Republic to which the information is to be sent must be given.*
- 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 the request is made, when made on behalf of another person:

Particulars of person requesting access to the record (if a legal entity)

- a) *The particulars of the entity who requests access to the record must be given below.*
- b) *The address and/or fax number in the Republic to which the information is to be sent must be given.*
- c) *Proof of capacity in which the request is made, if applicable, must be attached.*

Name of entity:

Registration number:

Postal address:

Fax number:

Telephone number:

E-mail address:

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:

Particulars of record

- a) *Provide full particulars of the record to which access is requested, including the reference number if it is known to you, to enable the record to be requested.*
- b) *If the space provided is inadequate, please use a separate folio and attach it to this form. Please sign any additional folios.*

**Description of record or relevant part of the
record:**

Reference number (if available):

Any further particulars of record:

FEES

- a) *A request for access to a record will be processed only after a request fee has been paid.*
- b) *You will be notified of the amount 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 for exemption.*

Reason for exemption of payment of fees:

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.*

If the record is in written or printed form

<input type="checkbox"/>	Copy of record	<input type="checkbox"/>	Inspection of record
If record consists of visual images			

<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images	<input type="checkbox"/>	Transcription of the images
If the record consists of recorded information that can be reproduced in sound					

<input type="checkbox"/>	Listen to the soundtrack (audio)	<input type="checkbox"/>	Transcription of soundtrack
If the record is held on computer or in an electronic or machine-readable form (this includes photographs, slides, video recordings, computer generated images, sketches etc.)			

Printed copy of record

Printed copy of information derived from the record

Copy in computer readable form

If you requested a copy or transcription of a record (above) do you wish the copy of transcription to be posted to you? Note that postage is payable.

Yes

No

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.

In which language would you prefer the record?

In the event of a disability

If you are prevented by a disability from reading, viewing or listening to the record, state your disability and indicate in the form in which the record is required:

Disability

Form in which record is required

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

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

The requester must sign all folios

1. Indicate the right to be exercised or protected:

2. Explain why the record requested is required for the exercise or protection of the
aforementioned right:

NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified in writing whether your request has been approved or 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..... on this day of

SIGNATURE OF REQUESTER/PERSON ON
WHOSE BEHALF REQUEST IS MADE

PRINT NAME:

YOU MUST		SEND WITH THIS APPLICATION	
1	Complete all necessary spaces	1	The request fee
2	Sign the access request form Sign	2	Any additional folios completed
3	Sign additional folios completed	3	Copy of Identity Document

APPENDIX B: FEES IN RESPECT OF PRIVATE BODIES

Description		Rand
1	The fee for a copy of the manual as contemplated in regulation 9(2)(c) - for every photocopy of an A4-size page or part thereof.	1,10
2	The fees for reproduction referred to in regulation 11(1) are as follows:	
(a)	For every photocopy of an A4-size page or part thereof	1,10
(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine readable form	0,75
(c)	For a copy in a computer-readable form on -	
(i)	stiffy disc	8,50
(ii)	compact disc	70,00
(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	40,00
(ii)	For a copy of visual images	60,00
(e)(i)	For a transcription of an audio record, for an A4-size page or part thereof	30,00
(ii)	For a copy of an audio record	30,00
3	The request fee payable by a requester, other than a personal requester, referred to in regulation 11(2)	50,00
4	The access fees payable by a requester referred to in regulation 11(3) are as follows:	
4.1(a)	For every photocopy of an A4-size page or part thereof	1,10
(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine readable form	1,25

(c)	For a copy in a computer-readable form on -	
(i)	stiffy disc	9,50
(ii)	compact disc	70,00
(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	50,00
(ii)	For a copy of visual images	70,00
(e)(i)	For a transcription of an audio record, for an A4-size page or part thereof	50,00
(ii)	For a copy of an audio record	50,00
(f)	To search for and prepare the record for disclosure, R30,00 for each hour or part of an hour reasonably required for such search and preparation.	
4.2	For purposes of section 54(2) of the Act, the following applies:	
(a)	Six hours as the hours to be exceeded before a deposit is payable; and	
(b)	one third of the access fee is payable as a deposit by the requester.	
4.3	The actual postage is payable when a copy of a record must be posted to a requester.	

Appendix C - FORM 1 OBJECTION TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(3) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 2]

Note:

1. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code ()
Contact number(s):	

Fax number / E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/ E-mail address:	
C	REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) <i>(Please provide detailed reasons for the objection)</i>

Signed at this day of20.....

.....

Signature of data subject/designated person

APPENDIX C: FORM 2

REQUEST FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTROYING OR DELETION OF RECORD OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018

[Regulation 3]

Note:

- 1. Affidavits or other documentary evidence as applicable in support of the request may be attached.*
- 2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
- 3. Complete as is applicable.*

Mark the appropriate box with an "x".

Request for:

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorised to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	

Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname / registered name of responsible party:	
Residential, postal or business address:	
	Code ()
Contact number(s):	
Fax number/ E-mail address:	
C	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED

D	<p>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a)</p> <p>WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY ; and or</p> <p>REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b)</p> <p>WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</p> <p><i>(Please provide detailed reasons for the request)</i></p>

Signed at this day of20.....

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Signature of data subject/ designated person