



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

FORM A
REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

[Published under GN R187 in GG 23119 of 15 February 2002, in terms of Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000).]

FOR DEPARTMENTAL USE	Reference number: _____
Request received by _____ (name, surname and rank of information officer or deputy information officer) at _____ (place) on _____ (date).	
Request fee (if any): R	
Deposit (if any): R	
Access fee: R	
_____ INFORMATION OFFICER OR DEPUTY INFORMATION OFFICER (signature)	

A. Particulars of public body

The Deputy Information Officer:
Mr CA Leukes
Deputy Information Officer
Legal Services
Department of Basic Education
Private Bag X895
Pretoria
0001

Tel.: 012 357 3712/3710
Fax: 012 323 9430
Email: leukes.c@dbe.gov.za; mokonyane.i@dbe.gov.za

B. Particulars of person requesting access to the record

Notes

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

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

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

Full names and surname:

Identity number:

Postal address:

Fax number:

Telephone number:

Fax number:

Email address:

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

C. Particulars of person on whose behalf request is made

Note
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

Notes
 (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 folio and attach it to this form. The requester must sign all the additional folios.

1. Description of record or relevant part of the record:
2. Reference number, if available:
3. Any further particulars of record:

E. Fees

Notes
 (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 from payment of fees:

F. Form of access to record

Note
 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.

State your disability:

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.

Mark the appropriate option below with an "X".

1. If 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, etc.)

	view the images		copy of the images*		transcription of the images*
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3. If record consists of recorded words or information that can be reproduced in sound –

	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)
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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 record*		copy in computer readable form* (stiffy or compact disk)
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* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable.	YES	NO
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In which language would you prefer the record?

(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.)

G. 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 (place) on this day of (month) (year)

SIGNATURE OF REQUESTER
OR PERSON ON WHOSE BEHALF REQUEST IS MADE