



REPUBLIC OF SOUTH AFRICA

**FORM B**  
**NOTICE OF INTERNAL APPEAL**  
 (Section 75 of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))  
 [Regulation 8]

**A. Particulars of public body**

The Information Officer or Deputy Information Officer:

Department of Basic Education

Private Bag X895

Pretoria

0001

Tel.: 012 357 3712/3710

Fax: 012 323 9430

Email: [leukes.c@dbe.gov.za](mailto:leukes.c@dbe.gov.za); [mokonyane.i@dbe.gov.za](mailto:mokonyane.i@dbe.gov.za)**B. Particulars of the person who is lodging the internal appeal**

If applicable, proof of the capacity in which the appeal is lodged must be attached.

If the person lodging the appeal is not the requester (the person who originally requested the information), the particulars of the requester must be given at C below.

Full names and surname: .....

Identity number: .....

Postal address: .....

Telephone number: ..... Fax number:.....

Email address: .....

Capacity in which appeal is lodged on behalf of another person: .....

**C. Particulars of requester** [To be completed ONLY if a third party, and not the requester, is lodging the appeal.]

Full names and surname: .....

Identity number: .....

**D. Decision against which the appeal is lodged** [Place an X alongside the appropriate option.]

<input type="checkbox"/>	Refusal of request for access.
<input type="checkbox"/>	Decision regarding fees prescribed in terms of section 22 of the Act.
<input type="checkbox"/>	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act.
<input type="checkbox"/>	Decision in terms of section 29(3) of the Act to refuse access in the form requested.

Decision to grant request for access.

**E. (1) Please state the grounds on which the appeal is based.** [If the provided space is inadequate, please continue on a separate page and attach it to this form. Each separate page must be signed.]

**(2) Please state any other information that may be relevant when the appeal is considered.**

**F. Notice of decision on appeal** [You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars.]

Manner: Telephone  Email  Fax

Particulars: .....

Signed at ..... (place) on this ..... day of ..... (month) ..... (year).

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**SIGNATURE OF APPELLANT**