FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

1. If your request is granted the—
   (a) amount of the deposit, (if any), is payable before your request is processed; and
   (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

TO: _____ Reference number: _____
_____
_____
_____

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine readable form)* is free of c harge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.	

OR

2. You requested:

Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machinereadable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computergenerated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive(including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

3. To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
Email of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language: (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)	

Kindly note that your request has been:

☐ Approved

☐ Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost per A4 size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computerreadable form on: (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 R60.00		
For a transcription of visual images per A4size page	Service to be out-sourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4size	R24.00		
Copy of an audio record (i) Flash drive · To be provided by requestor (ii) Compact disc · If provided by requestor · If provided to the requestor	 R40.00 R40.00 R60.00		
Postage, email or any other electronic transfer:	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

☐ Yes ☐ No

Hours of search		Amount of deposit (calculated on one third of total amount per request)	

The amount must be paid into the following Bank account:
Name of Bank: _____
Name of account holder: _____
Type of account: _____
Account number: _____
Branch Code: _____
Reference Nr: _____
Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

_____
Information officer