**REF NO:10/4/1**

**Annexure A**

**FEES IN RESPECT OF REQUESTS FOR INFORMATION FROM PUBLIC BODIES**

1. The following fees have been prescribed in the Regulations under PAIA and must be paid by a Requester before the ECDC Deputy Information Officer can make any record available.
2. The fee for the copy of the guide as contemplated in regulations 2(3) (b) and 3 (4) (c) is R0. 60 for every photocopy of an A4-size page or part thereof.
3. The fee for a copy of the manual as contemplated in regulations 5(c) is R0.60 for every photocopy of an a4-size page or part thereof.
4. The fees for reproduction referred to in regulation 7 (1) are as follows:

|  |  |
| --- | --- |
| **Description of Request** | **Fee** |
| 1. For every photocopy of an A-4 size page or part thereof
 | R0.60 |
| 2. For every printed copy of an A-4 size page or thereof held on a computer or In electronic or machine readable form | R0.40 |
| 3. For a copy in a computer-readable form on:3.1. Stiffy disc 3.2. Compact disc   | R5.00R40.00 |
| 4. For a transcription of visual images:4.1. For an A-4 size page or part thereof 4.2. For a copy of visual image   | R22.OOR60. 00  |
| 5. For a transcription of an audio record:5.1. For an A-4 size page or part thereof 5.2. For a copy of an audio record  | R12.00 R17.00  |

1. The request fee payable by a Requester, other than a personal Requester, referred to in regulation 7 (2) is R35.00.
2. The access fees payable by a Request referred to in regulation 7(3) are as follows:

|  |  |
| --- | --- |
| **Description of Access Required** | **Fee** |
| 1. For every photocopy of an A-4 size page or part thereof

  | R0.40 |
| 1. For every printed copy of an A-4 size page or part thereof held on a computer

  | R0.40 |
| 1. For a copy in a computer-readable form on:

3.1. Stiffy disc  3.2. Compact disc   | R5.00R40.00 |
| 1. For a transcription of visual images:

 4.1 For an A-4 size or part thereof  4.2. For a copy of an audio record  | R22.00R60.00 |

|  |  |
| --- | --- |
| 5. For a transcription of an audio record; 5.1. For an A4-size page or part thereof  5.2. For a copy of an audio record  | R12.00R17.00 |
| 1. To search for and prepare the record for disclosure, for each hour or part of an hour reasonably required for such search and preparation
 | R15.00 |

1. The actual postage is payable as when a copy a record must be posted to a Requester.

**Account Name** ECDC MAIN ACC

**Account Type** PUBLIC SECTOR MANAGED ACCOUNT

**Account Number** 52130078514

**Branch Code** 210121 **Branch Name** EAST LONDON 212

**Swift Code** FIRNZAJJ **Date Opened** 1996-01-30

****

**Annexure B**

**FORM A**

 **Ref No: 8/3/1/1**

**REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

**[Regulation 2]**

|  |
| --- |
| **FOR DEPARTMENTAL USE**Reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request received by (state rank, name and surname of information officer/deputy information officer) on (date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place).Request fee (if any): R....................................Deposit (if any): R...................................Access fee: R................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER |

**A. Particulars of public body**

The Information Officer/Deputy Information Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Particulars of person requesting access to the record**

|  |
| --- |
| *(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 be completed only if a request for information is made on behalf of another person.* |

Full names and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Particulars of record**

|  |
| --- |
| *(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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reference number, if available:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any further particulars of record:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Fees**

|  |
| --- |
| *(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**

*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.*

|  |  |
| --- | --- |
| Disability:  | Form in which record is required:  |

|  |
| --- |
| *Mark the appropriate box with an “X”.**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.* |

|  |
| --- |
| **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, etc.) |
|  | view the images |  | copy of the images\* |  | transcription of the images\* |

|  |
| --- |
| **3. If record consists of recorded words or information which can be reproduced in sound -** |
|  | listen to the soundtrack (audio cassette) |  | transcription of soundtrack\*(written or printed document) |
| **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 the record\* |  | copy in computer readable form\*(stiffy or compact disc) |

|  |  |  |
| --- | --- | --- |
| \*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 |

|  |
| --- |
| *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?  |

**G. 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?

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed at this day of 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF THE REQUEST IS MADE**