FORM 2 REQUEST FOR ACCESS TO RECORD [Regulation 7]

Note:

1. Proof of identity must be attached by the requester. 2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

To : Mr G.C. Pratt, CA (SA) The information Officer Limpopo Provincial Treasury Private Bag X9486 POLOKWANE 0700 Email: *prattgc@treasury.limpopo.gov.za* Fax: 015 295 7010

Mark with an "X"

Request is made on behalf of another person

PERSONAL INFORMATION

Full names				
Identity number				
Capacity in which request is made (when made on behalf of another person)				
Postal Address				
Street Address				
E-mail address				
Contact numbers	Tel (W)	Facsimile	Cell	
Full names of person on whose behalf request is made (<i>if applicable</i>)				
Identity number				
Postal Address				
Street Address				
E-mail address				
Contact numbers	Tel (W)	Facsimile	Cell	

	PARTICULARS OF RECORD REQUESTED ars of the record to which access is requested, including the reference number if that is known to to be located. (If the provided space is inadequate, please continue on a separate page and atta to this form. All additional pages must be signed.)	
Description of record		
or relevant part of the		
record		
Reference number, if available:		
Any further particulars		
of record:		
	TYPE OF RECORD (Mark the applicable box with an "X")	
Record is in written of	or printed form	
Record comprises vi	rtual images (this includes photographs, slides, video recordings,	
computer-generated	images, sketches, etc)	
Record consists of re	ecorded words or information which can be reproduced in sound	
Record is held on a d	computer or in an electronic, or machine-readable form	

FORM OF ACCESS (Mark the applicable box with an "X")

Printed copy of record (including copies of any virtual images, transcriptions and information

held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides,

video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)

Copy of record on compact disc drive (including virtual images and soundtracks)

MANNER OF ACCESS

(Mark the applicable box with an "X")

Personal inspection of record 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)

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)

E-mail of information (including soundtracks if possible)

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)

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space	is inadequate, please continue on a separate page and attach it to this Form. The requester must
	sign all the additional pages.
Indicate which right is to be exercised or	
protected:	
Explain why the record requested is	
required for the exercise or	
protection of the aforementioned right	
alorementioned light	

 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 for exemption

 Reason

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic	Communication
		(Please specify)	

Signed at day of 20

Signature of requester / person on whose behalf request is made

FOR OFFICAL USE

Reference number:	
Request received by: (State Rank, Name and Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer