

FORM 3 - OUTCOME OF REQUEST AND OF FEES PAYABLE

As required by Regulation 8 of PAIA

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- 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.

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The Requestor	
Address	
Email address	
Reference Number	
Date of request	

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 charge. 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 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)	
Copy of record saved on cloud storage server	

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3 To be submitted:

Postal services to postal address					
Postal services to street address					
Courier service to street address					
E-mail of information (including soundtracks if possible)					
Cloud share/file tra	ansfer				
Preferred language	(please complete with an official language of the Republic)				
(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 yo	our request has been:	Approved	Denied		
If denied, state reasons below:					

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 computer- readable 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 A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images	Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio record, per A4-size	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		

		-mail or any o	other	Actual costs				
	electronic	transfer:		Actual costs				
	TOTAL:		R					
5	Deposit pa search exc hours)		Yes	No				
	Hours of search				f deposit (calculate of total amount per			
	The amour	The amount must be paid into the following Bank account:						
	Name of ac	count holder						
	Name of ba	ınk						
	Type of acc	ount						
	Account nu	mber						
	Branch cod	е						
	Reference r	number						
	Submit proof of payment to							
DATED AT	(place)				ON		:	20
					_			
Information Officer								

Initial

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