

ACCESS REQUEST FORM - RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000 and Section 23 of the Protection of Personal Information Act of 2013)

NOTES FOR COMPLETING THE FORM:

1. The Access Request Form must be completed in full.
2. Proof of identity is required to authenticate the identity of the requester. Attach a copy of the requester's identification document.
3. Type or print in BLOCK LETTERS an answer to every question.
4. If a question does not apply, state "N/A".
5. If there is nothing to disclose in reply to a question, state "nil".
6. When there is insufficient space on a printed form, additional information may be provided on an attached folio, and each answer on such folio must reflect the applicable title.

1 Particulars of the organisation and their Information Officer:

Name of the information officer: Zinhle Tyikwe

Company name: the consumer goods council of South Africa

Address: 164 Katherine street,
Pinmill Farm Block D,
Sandton, 2146

Email of information officer: Zinhlet@cgcsa.co.za

2 Particulars of Requester (if natural person)

- a) The particulars of the person who requests access to the record must be given below.
- b) The address and/or fax number in the Republic to which the information is to be sent must be given.
- c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:
Identity number:
Postal address:.....
Telephone number:.....
Email address:.....
Capacity in which request is made, when made on behalf of another person:
.....

3 Particulars of Requester (if a legal entity)

- a) The particulars of the entity that requests access to the record must be given below.
- b) The address and/or fax number in the Republic to which the information is to be sent.
- c) Proof of the capacity in which the request is made, if applicable, must be attached.

Name:
Registration number:
Postal address:.....
Telephone number:.....
Email address:.....

4 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:

5 Particulars of record requested

- 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:

2. Reference number, if available:

3. Any further particulars of record

6 Fees

- a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a non-refundable request fee of R57,00 has been paid.
- b) 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.
- c) You will be notified of the amount required to be paid as the access fee.
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

7. Form of access to record

Mark the appropriate box with an X.

NOTES:

- (a) Compliance with your request in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused under certain circumstances. In such a case you will be informed whether 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	<input type="checkbox"/>	Inspection of record	<input type="checkbox"/>
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2. If record consists of visual images

(photographs, slides, video recordings, computer-generated images, sketches, etc):

view the images copy of the images	<input type="checkbox"/>	the images	<input type="checkbox"/>	transcription of	<input type="checkbox"/>
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3. If record consists of recorded information that can be reproduced in sound:

listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)	<input type="checkbox"/>
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4. If record is held on computer or in an electronic or machine-readable form:

printed copy of record	<input type="checkbox"/>	printed copy of copy information derived from record	<input type="checkbox"/>	in computer readable form	<input type="checkbox"/>
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If you are requesting a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable

Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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8. In the event of disability

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:
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9. Particulars of right to be exercised or protected

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.

a. Indicate which right is to be exercised or protected:

b. Explain why the record requested is required for the exercise or protection of the aforementioned right:

10. 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 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?

Signed at _____ on this _____ day of _____ 20____

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