FAIRHEADS
Benefit Services

Fairheads Umbrella Beneficiary Fund
Reg. No. 12/8/37890

To

Information Officer
Tel: +27 (0)21 410 7500
Email: compliance@fairheads.com

Form C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
(Act No.2 of 2000))
(Regulation 10)

A. Particulars of private body

The information Officer

B. Particulars of the person requesting access to the record

(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 provided.
(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname: _____
Identity number: _____
Postal Address: _____
_____
Fax number: _____ Telephone number: _____
E-mail address: _____

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 or Passport No: _____

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 space provided is inadequate, please continue on a separate page and attach it to the form. **The requester must sign all the additional pages.**

Description of record or relevant record: _____
Reference number, if available: _____
Any further particulars of record: _____

E. Fees

(a) A request for access for 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 the exemption of the payment of any fee, please state the reason.

Reason for exemption for 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 below, 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) Compliance with your request may depend 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 a written or printed form:

☐ **Copy of record** ☐ **Inspection of record**

2. If the record consists of visual images:
(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

☐ **View the images** ☐ **Copy the images** ☐ **Transcription of the images**

3. If the record consists of recorded words or information which can be reproduced in sound:

☐ **Listen to the soundtrack (audio Cassette)** ☐ **Transcription of soundtrack *(written document)** ☐ **Telkom link to the soundtrack**

4. If the 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 form * (compact disk)**

*If you requested a copy of the transcription of a record (above), do you wish the copy to be posted to you? **Postage is payable.**	YES	NO

G. Particulars of rights 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 abovementioned right: _____

_____

_____

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved or denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance to your request.

How would you prefer to be informed of the decision regarding your request to access the record? _____

_____

Signed at_____this_____day of_____20 _____

_____
Signature of requester or person on whose behalf request is made