

ANNEXURE C

Form A
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 6]

FOR DEPARTMENTAL USE	
Request received by (state rank, name and surname of information officer/deputy information officer) on _____ (date) at _____ (place).	Reference number:
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:

The KZN Department of
Health
Dr M Gumede

B. Particulars of person requesting access to the record

- | |
|---|
| <p>(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.</p> |
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Full names and surname:

Imvan Keeka

Identity number:

750 312 602 4089

Postal address:

P.O Box 1483, Newcastle, 2940

Telephone number:

083 703 9135

Fax number:

086 602 6239

E-mail address:

iKeeka@gmail.com

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

<p><i>This section must be completed ONLY if a request for information is made on behalf of another person.</i></p>

Full names and surname:

Identity 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:

Copy of the Department of Health's recruitment policy.

2. Reference number, if available:

3. 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 for exemption.

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 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 for access in the specified form 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 written or printed form:

<input checked="" type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
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2. If record consists of visual images— Not applicable

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

<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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3. If record consists of recorded words or information which can be reproduced in

sound:			
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
4. If record is held on computer or in an electronic or machine-readable form:			
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*
<input type="checkbox"/>		<input checked="" type="checkbox"/>	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?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Postage is payable.			
<i>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.</i>			
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 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 _____  this 22 day of January, 2019

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