

**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]**

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

KZN Department of Health  
Steve Mkosi

**B. Particulars of 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 given.*  
*(c) Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: **Francoise Adrianus Rodgers**

Identity number: **6109105120086**

Postal address: **P.O BOX 566  
Kokstad 4700**

Fax number:

Telephone number: **0825576760**

E-mail address: **francois@dasionke.co.za**

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

**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:

**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:
  - COVID-19 report of KZN, with a breakdown per District, Municipality and Township;
  1. The number of positive COVID-19 cases to date and on a weekly basis going forward.
  2. The number of COVID-19 related deaths to date and on a weekly basis going forward.
  3. The number of COVID-19 tests conducted to date and on a weekly basis going forward.
  4. The number of COVID-19 recoveries to date and on a weekly basis going forward.
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.

<b>1. If the record is in written or printed form:</b>			
<input checked="" type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record
<b>2. If record consists of visual images—</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
<input type="checkbox"/>	view the images	<input checked="" type="checkbox"/>	copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in</b>			

<b>sound:</b>			
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>			
	printed copy of record*	printed copy of information derived from the record*	<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 NO
<b>Postage is payable.</b>			
<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?			english

**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?

email

Signed at Kokstad this 29 day of April 2020

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