

**FORM A  
REQUEST FOR ACCESS TO RECORD**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

**[Regulation 2]**

| <b>REQUEST FOR ACCESS TO RECORDS</b>  |           |
|---|-----------|
| <b>FOR DEPARTMENTAL USE</b><br>number:.....                                     | Reference |
| Request received by: -  |           |
| Name:.....  |           |
| Rank:.....  |           |
| Date:.....  |           |
| Place:.....   |           |
| Request fee (if any): R .....   |           |
| Deposit (if any): R .....   |           |
| Access fee: R .....   |           |
| .....<br><b>..... SIGNATURE: INFORMATION OFFICER/DEPUTY INFORMATION OFFICER</b> |           |
|   |           |

**A. PARTICULARS OF PUBLIC BODY**

| <b>INFORMATION OFFICER</b> | <b>ADDRESS</b> |
|----------------------------|----------------|
|----------------------------|----------------|

|   |   |
|---|---|
| <p><b>Mr F Brooks</b><br/>Acting Director-General</p>   | <p>E-mail address:<br/><a href="mailto:frikkie.brooks@kznpremier.gov.za">frikkie.brooks@kznpremier.gov.za</a><br/>Telephone: (033) 341 3383<br/>Fax: (033) 394 9505</p> <p>Street address:<br/>300 Langalibalele Street<br/>Moses Mabhida Building<br/><b>PIETERMARITZBURG</b><br/>3201</p> <p>Postal address:<br/>Private Bag X9037<br/><b>PIETERMARITZBURG</b><br/>3200</p>   |
| <p><b>DEPUTY INFORMATION OFFICER</b></p>  | <p><b>ADDRESS</b></p>   |
| <p><b>Ms Tashini Naidoo</b><br/>Principal State Law Advisor:<br/>Constitutional Matters and<br/>Language Services or</p> <p><b>Mr M Serfontein</b><br/>State Law Advisor: Legislative<br/>Development</p> | <p>E-mail address:<br/><a href="mailto:tashini.naidoo@kznpremier.gov.za">tashini.naidoo@kznpremier.gov.za</a><br/>Telephone: (033) 341 3382<br/>Fax: (033) 394 4153</p> <p>Street address:<br/>300 Langalibalele Street<br/>Moses Mabhida Building<br/><b>PIETERMARITZBURG</b><br/>3201</p> <p>Postal address:<br/>Private Bag X9037<br/><b>PIETERMARITZBURG</b><br/>3200</p> <p>E-mail address:<br/><a href="mailto:mark.serfontein@kznpremier.gov.za">mark.serfontein@kznpremier.gov.za</a><br/>Telephone: (033) 341 3388<br/>Fax: (033) 394 4153</p> <p>Street address:<br/>300 Langalibalele Street<br/>Moses Mabhida Building<br/><b>PIETERMARITZBURG</b><br/>3201</p> <p>Postal address:<br/>Private Bag X9037<br/><b>PIETERMARITZBURG</b><br/>3200</p> |

**B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

| REQUEST FOR ACCESS TO RECORDS FORM  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>SURNAME:</b>                     |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R                                   | O | D | G | E | R | S |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FULL NAMES:</b>                  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F                                   | R | A | N | C | O | I | S |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IDENTITY NUMBER:</b>             |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                   | 1 | 0 | 9 | 1 | 0 | 5 | 1 | 2 | 0 | 0 | 8 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>POSTAL ADDRESS:</b> P.O. Box 566 |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| kksiad                              |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4700                                |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

**C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <i>This section must be completed only if a request for information is made on behalf of another person.</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FULL NAMES:</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IDENTITY NUMBER</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.*

**DESCRIPTION OF RECORDS:**..... Irregular expenditure relating to  
..... implementation of e-procurement tool by  
..... provincial treasury  
.....

**REFERENCE NUMBER:**..... (If available)

**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 therefore.*

**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 hereunder, state your disability and indicate in which form the record is required.*

|   |                 |                                   |                              |
|---|-----------------|-----------------------------------|------------------------------|
| Disability:   |                 | Form in which record is required: |                              |
| <p><i>Mark the appropriate box with an "X"</i></p> <p><b>NOTES:</b></p> <p>(a) Your indication as to the required form of access depends on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p> |                 |                                   |                              |
| <p><b>1. If the record is in written or printed form -</b></p>  |                 |                                   |                              |
| X   | copy of record* |                                   | inspection of record         |
| <p><b>2. If record consists of visual images -</b></p> <p>(This includes photographs, slides, video recordings, computer-generated images, sketches, etc.)</p>  |                 |                                   |                              |
|   | view the images | X                                 | copy of the images*          |
|   |                 |                                   | transcription of the images* |
| <p><b>3. If record consists of recorded words or information which can be reproduced in sound -</b></p>   |                 |                                   |                              |

|   |   |  |   |
|---|---|--|---|
| X | listen to the soundtrack (audio cassette) |  | transcription of soundtrack*<br><br>(written or printed document) |
|---|---|--|---|

**4. If 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* | X | copy in computer readable form*<br><br>(stiffy or compact disc) |
|--|-------------------------|--|--|---|---|

|  |     |    |
|--|-----|----|
| <p>*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?</p> <p>A postal fee is payable.</p> | YES | NO |
|--|-----|----|

*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.*

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 thereof 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 day *25<sup>th</sup>* of *February* *2021*

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