

**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> number:.....	Reference
Request received by: -	
Name:.....	
Rank:.....	
Date:.....	
Place:.....	
Request fee (if any): R .....	
Deposit (if any): R .....	
Access fee: R .....	
.....	
<b>..... SIGNATURE: INFORMATION OFFICER/DEPUTY INFORMATION OFFICER</b>	

**A. PARTICULARS OF PUBLIC BODY**

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

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

REQUEST FOR ACCESS TO RECORDS FORM																									
<b>SURNAME:</b>																									
D	E		R	O	E	R																			
<b>FULL NAMES:</b>																									
H	E	I	N	Z		U	L	R	I	K															
<b>IDENTITY NUMBER:</b>																									
7	7	0	5	2	6	5	1	9	2	0	8	5													
<b>POSTAL ADDRESS:</b> Po Box 3035																									
westbrook																									
4406																									

**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:**

Report of Task Team into Rhino  
Poaching in Kwa-Zulu - Natal

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

**ANY FURTHER PARTICULARS OF RECORD:**

Commissioned by Provincial Executive in 2016, and handed to Premiers Office in 2020.

**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><i>(a) Your indication as to the required form of access depends on the form in which the record is available.</i></p> <p><i>(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.</i></p> <p><i>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</i></p>			
<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"/>	transcription of the images*		
<b>3. If record consists of recorded words or information which can be reproduced in 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?  A postal fee is payable.			<table border="1"> <tr> <td>YES</td> <td>NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>
YES	NO <input checked="" type="checkbox"/>				
<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 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? mplheinz@gmail.com

Signed at this day... 29 ... of March 2022 .....

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