**ANNEXURE A - FORM C - REQUEST FOR ACCESS TO RECORDS OF PRIVATE BODY**

(SECTION 53(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (ACT NO. 2 OF 2000) - [REGULATION 10])

1. **PARTICULARS OF INHANCE**

|  |  |
| --- | --- |
| Physical Address | 8 Viscount Road  Viscount Office Park  Block C,  Unit 3,  Bedfordview,  Johannesburg, 2007 |
| Telephone Number | [011 615 4048](https://www.google.com/search?q=inhance&rlz=1C1PRFI_enZA902ZA902&oq=&aqs=chrome.2.69i59i450l8.1057155668j0j15&sourceid=chrome&ie=UTF-8) |
| E-mail Address | Bruce.laval@inhancesc.com |

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

|  |
| --- |
| Full Name and Surname |
| Identity Number: |
| Postal Address: |
| Telephone Number |
| E-mail Address : |
|  |
| Proof of the capacity in which the request is made, if the request is made on behalf of another person : |

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| **The particulars of the person who requests access to the record must be provided here:** |

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| **The address and/or fax number in the Republic to which the information is to be sent must be provided here:** |

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| **The address and/or fax number in the Republic to which the information is to be sent must be provided here:** |

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

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| **The address and/or fax number in the Republic to which the information is to be sent must be provided here:** |

1. **PARTICULARS OF RECORD**

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. 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.

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| **Description of record or relevant part of the record:** |

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| --- |
| **Any Further Particulars of Record :** |

1. **FEES**

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. YOU WILL BE NOTIFIED OF THE AMOUNT REQUIRED TO BE PAID AS THE REQUEST FEE.

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.

IF YOU QUALIFY FOR EXEMPTION OF THE PAYMENT OF ANY FEE, PLEASE STATE THE REASON FOR EXEMPTION.

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| **Reason for exemption from payment of fees:** |

1. **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 FROM THE RECORD IS REQUIRED.

|  |  |
| --- | --- |
| Disability : | Form in which the record is required : |

**MARK THE APPROPRIATE BOX WITH AN X. NOTES:**

(A) COMPLIANCE WITH YOUR REQUEST 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.

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| --- | --- | --- | --- |
| IF THE RECORD IS IN WRITTEN OR PRINTED FORM | | | |
|  | Copy of Record |  | Inspection of Record |

|  |  |  |  |
| --- | --- | --- | --- |
| IF THE RECORD CONSISTS OF VISUAL IMAGES [this includes photographs, slides, video recordings, computer-generated images, sketches, etc] | | | |
|  | View the Images |  | Copy of Images |
|  | Transcription of Images |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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\* |
|  | Copy in computer readable form\* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| IF RECORD CONSISTS OF RECORDED WORDS OR INFORMATION WHICH CAN BE REPRODUCED IN SOUND: | | | |
|  | Listen to the soundtrack (audio) |  | Transcription of soundtrack\* (written or printed documents) |
|  | Copy in computer readable form\* (compact disc) |  |  |

1. **PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

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.

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| --- |
| Indicate which right is to be exercised or protected: |

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| Explain why the record requested is required for the exercise or protection of the aforementioned right: |

1. **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.

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

|  |  |
| --- | --- |
| Signed at ………..……………………. this ………….. day of …….………………………………….. 20 ……………… | |
| Signature of Requester | Signature of person on whose behalf the request is made |

**ANNEXURE B**

**GENERAL: VALUE-ADDED TAX**

Private bodies registered under the Value-Added Tax Act, 1991 (Act 89 of 1991), as vendors may add value-added tax to all fees prescribed in this annexure.