

APPENDIX A - FORM C: REQUEST FORM

ACCESS REQUEST FORM

Particulars of Remgro Information Officer

Requests can be submitted either via post, e-mail or fax and should be addressed to the Information Officer as indicated below:

Information Officer	Luché Joubert
Street Address	Millennia Park 16 Stellantia Avenue Stellenbosch 7600
Postal Address	PO Box 456 Cape Town 8000
Telephone	+27 21 888 3000
Fax	+27 21 888 3399
Email	privacy@remgro.com
Website	www.remgro.com

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 capacity in which the request is made, if applicable, must be attached.*

**Full names and
surname:**

Identity number:

Postal address:

Fax number:

Telephone number:

E-mail address:

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

Particulars of person requesting access to the record (if a legal entity)

- a) *The particulars of the entity 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 capacity in which the request is made, if applicable, must be attached.*

Name of entity:

Registration number:

Postal address:

Fax number:

Telephone number:

E-mail address:

Particulars of person on whose behalf request is made

This section must ONLY be completed if a request for information is made on behalf of another person.

**Full names and
surname:**

Identity number:

Particulars of record

- a) *Provide full particulars of the record to which access is requested, including the reference number if it is known to you, to enable the record to be requested.*
- b) *If the space provided is inadequate, please use a separate folio and attach it to this form. Please sign any additional folios.*

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

Reference number (if available):

Any further particulars of record:

FEES

- a) *A request for access to a record will be processed only after a request fee has been paid.*
- b) *You will be notified of the amount 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 of payment of fees:

FORM OF ACCESS TO RECORD

Form in which 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 under certain circumstances. In such a case you will be informed whether 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.*

If the record is in written or printed form

<input type="checkbox"/>	Copy of record	<input type="checkbox"/>	Inspection of record
If record consists of visual images			

<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images	<input type="checkbox"/>	Transcription of the images
If the record consists of recorded information that can be reproduced in sound					

<input type="checkbox"/>	Listen to the soundtrack (audio)	<input type="checkbox"/>	Transcription of soundtrack
If the record is held on computer or in an electronic or machine-readable form (this includes photographs, slides, video recordings, computer generated images, sketches etc.)			

Printed copy of record

Printed copy of information derived from the record

Copy in computer readable form

If you requested a copy or transcription of a record (above) do you wish the copy of transcription to be posted to you? Note that postage is payable.

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?

In the event of a disability

If you are prevented by a disability from reading, viewing or listening to the record, state your disability and indicate in the form in which the record is required:

Disability

Form in which record is required

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the space provided is inadequate, please continue on a separate folio and attach it to this form.

The requester must sign all folios

1. **Indicate the right to be exercised or protected:**

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

NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified in writing whether your request has been approved or 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..... on this day of20....

SIGNATURE OF REQUESTER/PERSON ON
WHOSE BEHALF REQUEST IS MADE

PRINT NAME:

YOU MUST

- 1 Complete all necessary spaces
- 2 Sign the access request form Sign
- 3 Sign additional folios completed

SEND WITH THIS APPLICATION

- 1 The request fee
- 2 Any additional folios completed
- 3 Copy of Identity Document

