

Form 1 REQUEST FOR A COPY OF THE GUIDE

REQUEST FOR A COPY OF THE GUIDE

[Regulations 2 and 3]

TO: The Information Regulator
 P.O. Box 31533
 Braamfontein
 2017

Email address:

Tel number: +27 (0) 10 023 5200

OR

The Information Officer
 PO Box 456
 Cape Town
 8000

I,

Full names:				
In my capacity as (mark with "x")	Information Officer		Other	
Name of public/private body (if applicable)				
Postal Address:				
Street Address:				
Email Address:				
Facsimile:				
Contact numbers:	Tel. (B):		Cellular:	

hereby request the following copy(ies) of the guide:

Language (make with "X")	No. of copies	Language (make with "X")	No. of copies
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	Sepedi			Sesotho	
	Setswana			siSwati	
	Tshivenda			Xitsonga	
	Afrikaans			English	
	isiNdebele			IsiXhosa	
	isiZulu				

Manner of collection (mark with "x")

Postal address	Facsimile	Electronic communication (please specify)

Signed at _____ on this _____ day of _____ 20 _____

Signature of requester