## FORM 2

## REQUEST FOR ACCESS TO RECORD [Regulation 7]

## NOTE:

- 1. Proof of identity must be attached by the requester.
- 2. If requests are made on behalf of another person, proof of such authorization, must be attached
- TO: The Information Officer Dr Nonhlanhla O. Mkhize 300 Langalibalele Street Moses Mabhida Building PIETERMARITZBURG 3201

Email address: DG@kznpremier.gov.za

## Mark with an "X"

- □ Request is made in my own name
- □ Request is made on behalf of another person

PERSONAL INFORMATION			
Full Names			
Identity Number			
Capacity in which			
request is made			
(when made on			
behalf of another			
person)			
Postal address			
Street address			
Email address			
Contact numbers	Business telephone:		
	Cellular telephone:		
Full names of person			
on whose behalf			
request is made (if			
applicable)			
Identity number			
Postal address			
Street address			
Email address			
Contact numbers	Business telephone:		
	Cellular telephone:		
	PARTICULARS OF RECORD REQUESTED		
Provide full particulars of the record to which access is requested, including reference number if			
	enable the record to be located. (If the provided space is adequate, please		
	page and attach it to this form. All additional pages must be signed.)		
Description of record			
or relevant part of the			
record:			

Reference number, if available     Any further particulars of record     Image: the second se			
available     Any further     particulars of record     (Mark the applicable box with an "X")     Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)     Record consists of recorded words or information which can be reproduced in sound     Record consists of recorded words or information which can be reproduced in sound     Record consists of recorded mages, sketches, etc)     (Mark the applicable box with an "X")     Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)     Written or printed transcription of virtual images, sketches, etc)     Transcription of soundtrack (written or printed document)     Copy of record on compact disc drive (including virtual images and soundtracks)     Copy of record on compact disc drive (including virtual images and soundtracks)     Copy of record on compact disc drive (including virtual images and soundtracks)     Copy of record on compact disc drive (including virtual images of the Office of the Premier (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)     Postal services to postal address   Encord to compact disc drives of the Office of the Premier (including listening to recorded words, information which can be reproduced in sound, or information held on computer or i			
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(a)	A request fee must be paid before the request will be considered.		
(b)	You will be notified of the amount of the access fee to be paid		
(c)		The fee payable for access to a record depends on the form in which access is	
		d 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 reasons for the		
	exemption		
Reason			

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address		Electronic communication
Signed at	th	is day of
-	202	

Signature of Requester/person on whose behalf request is made

FOR OFFICIAL USE ONLY			
Reference number			
Request received by:			
(state Rank, name			
and surname of			
Information Officer)			
Date Received:			
Access fees:			
Deposit (if any):			

Signature of Information Officer