

## PAIA 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](mailto: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	
<i>Provide full particulars of the record to which access is requested, including reference number if that is known to you, to enable the record to be located. (If the provided space is adequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</i>	
Description of record or relevant part of the record:	

Reference number, if available	
Any further particulars of record	
<b>TYPE OF RECORD</b> (Mark the applicable box with an "X")	
Record is in written or printed form	
Record comprises virtual images ( <i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i> )	
Record consists of recorded words or information which can be reproduced in sound	
Record held on a computer or in an electronic, or machine-readable form	
<b>FORM OF ACCESS</b> (Mark the applicable box with an "X")	
Printed copy of record ( <i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i> )	
Written or printed transcription of virtual images ( <i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i> )	
Transcription of soundtrack ( <i>written or printed document</i> )	
Copy of record on flash drive ( <i>including virtual images and soundtracks</i> )	
Copy of record on compact disc drive ( <i>including virtual images and soundtracks</i> )	
Copy of record saved on cloud storage server	
<b>MANNER OF ACCESS</b> (Mark the applicable box with an "X")	
Personal inspection of record at registered address of the Office of the Premier ( <i>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</i> )	
Postal services to postal address	
Postal service to street address	
Courier service to street address	
Email information (including soundtracks if possible)	
Cloud share/file transfer	

Preferred language <i>(Note that if the record is not available in the language you prefer, access may be granted in the language in which record is available)</i>		
<b>FEEES</b>		
(a) A request fee must be paid <u>before</u> 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 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 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:

<b>Postal address</b>	<b>Electronic communication</b>

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 202

\_\_\_\_\_  
Signature of Requester/person on whose behalf request is made

**FOR OFFICIAL USE ONLY**

Reference number	
Request received by: <i>(state Rank, name and surname of Information Officer)</i>	
Date Received:	
Access fees:	
Deposit (if any):	

\_\_\_\_\_  
Signature of Information Officer