

INSTRUCTIONS:

SECTION D: Particulars of record (cont.)

- **D2:** Provide the reference number of the record if that is known to you, to enable the record to be located.
- **D3:** Please provide any other relevant information, if available, that will assist the SACSSP to identify and locate the record.

SECTION E: FEES

- Only payments into Council's bank account will be accepted, either directly or electrically.
- Care should be taken to use the correct reference number, which is PAIA + the first 6 digits of your ID number without a space, for example: PAIA670131.
- The reference number is the only way in which your payment can be traced in Council bank account.
- **Keep a copy** of your proof of payment for your own records.
- No requests will be processed without the required fees being paid, unless exemption for the payment of the prescribed fee is granted.

SECTION F: FORM OF ACCESS

- **F1** needs to be completed **ONLY** by a person with a disability.
- A person with a disability should indicate in F1 the Form in which the record requested is required, **ONLY** if any of the formats in **F2** is not suitable.
- **F2 must be completed** by all persons requesting access to a record (accept in the instance as described above).
- Compliance with your request in the specified form may depend on the form in which the record is available.
- 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.
- The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.

D2. Reference number, if available:

D3. Any further particulars of the record:

E. FEES PAYABLE & BANKING DETAILS

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after the correct request fee has been paid.
- (b) You will be notified of the amount required 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 in paragraph E1.

Fees are to be paid into the bank account of the SACSSP

Account name: SACSSP
Bank: NEDBANK
Account number: 1190739410
Branch: MENLYN MAINE
Branch Code: 198765
Reference: A reference number must be provided for every payment.

E1. Reason for exemption from payment of fees:

F. 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 F2.1 to F2.4 hereunder, state your disability and indicate in which form the record is required in paragraph F1

F1. Disability (if applicable)

Form in which required

Only when any of the formats in F2 is not applicable:

F2. Form in which record is required (mark with an X below):

(Choose **ONE** option only)

F2.1 If the record is in written or printed form:

Copy of record* Inspection of record

F2.2 If record consists of visual images (e.g. photographs, slides, video recordings, computer-generated images, etc)

Copy of the images* View the images Transcription of images*

F2.3 If record consists of recorded words or information that can be reproduced in sound:

Listen to the soundtrack Copy of soundtrack* Transcription of soundtrack*

F2.4 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* (compact disc or similar)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? **Postage is payable.**

YES NO

INSTRUCTIONS:

- SECTION G: Right to be exercised**
- G1 and G2 must be completed by all persons requesting access to a record.
 - The requester must state the right that is implicated (G1) and explain why the record is required for the exercise or protection of that specific right (G2).

G. 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. Please mark the additional pages with the corresponding paragraph number, e.g. G1. The requester must sign all the additional folios.

G1. Indicate which right is to be exercised or protected:

G2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

- SECTION H: Notice of decision**
- Only complete if you prefer to also be informed in another manner than in writing (letter) via ordinary postal services (mail).
 - You will still be informed in writing (letter) in addition to the other manners of communication indicated.

H. 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, additional to the aforementioned, please specify the manner and provide the necessary particulars to enable compliance with your request. You may choose **ONE** alternative manner only.

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

Email Fax SMS Other (specify)

- SIGNATURE**
- Sign FORM S.1.2 and append the date of completion in the provided spaces.
 - Complete the check list below **before** you submit the application

Signed at on of 20

- CHECKLIST: Must be completed:**
- The correct and complete contact details were provided in Sections B (and C if applicable)
 - Certified proof of identity is attached
 - Section D has all the available information regarding the record
 - Section F has been completed correctly.
 - Section G has been completed in full (G1 and G2)
 - I have checked and confirm the correct requesting fee
 - The correct amount has been paid into the SACSSP bank account.
 - The correct reference number (see section E) was used for the payment.
 - Proof of payment is attached.
 - If additional pages were used, they have been correctly marked and signed
 - FORM S.1.2 is signed and dated on page 3

SIGNATURE: SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

FOR OFFICE USE ONLY Do not complete

Date received Request is complete incomplete Proof of payment (request fee) Y N

Date reviewed by the INFORMATION OFFICER DECISION of Information Officer Approved Conditionally approved Declined Date requested was informed of outcome

If APPROVED Format that it will be provided in (see section F)

Payments required Proof of payment (request fee) Y N Date finalised