FORM 3

OUTCOME OF REQUEST AND FEES PAYABLE

[Regulation 8]

| Note: | |
|--|-----------|
| If your request is granted the— | |
| (a) amount of the deposit, (if any), is payable before your request is processed; and | |
| (b) requested record/portion of the record will only be released once proof of full payment is | received. |
| 2. Please use the reference number hereunder in all future correspondence. | |
| | |
| Reference number: | |
| TO: | |
| | |
| | |
| | |
| Your request dated, refers. | |
| Tour request dated, relers. | |
| 1. You requested: | |
| Personal inspection of information at registered address of public/private body (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) is free of charge. You are required to make an | |
| appointment for the inspection of the information and to bring this Form with you. If you then | |
| require any form of reproduction of the information, you will be liable for the fees prescribed in | |
| Annexure B. | |
| | |
| OR | |
| 2. You requested: | |
| Printed copies of the information (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 (this includes photographs, slides, video | |
| recordings, computer-generated images, sketches, etc) | |
| Transcription of soundtrack (written or printed document) | |
| Copy of information on flash drive (including virtual images and soundtracks) | |
| Copy of information on compact disc drive(including virtual images and soundtracks) | |
| Copy of record saved on cloud storage server | |
| | |
| 3. To be submitted: | |
| Postal services to postal address | |
| Postal services to street address | |
| Courier service to street address | |
| Facsimile of information in written or printed format (including transcriptions) | |
| E-mail of information (including soundtracks if possible) | |
| Cloud share/file transfer | |
| Preferred language: | |
| (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) | |
| | |
| Kindly note that your request has been: | |
| | |
| Approved | |
| Denied for the following recessors: | |
| Denied, for the following reasons: | |
| | |
| | |
| | |

| l. Fees payable with reg | ards to your red | quest: | | |
|--|------------------|--|-----------------------|-------|
| Item | | Cost per A4-size page or part thereof/item | Number of pages/items | Total |
| Photocopy | | | | |
| Printed copy | | | | |
| For a copy in a computer-reada (i) Flash drive To be provided by req | | R40.00 | | |
| (ii) Compact discIf provided by requIf provided to the r | | R40.00 R60.00 | | |
| For a transcription of visual imapage Copy of visual images | ges per A4-size | Service to be outsourced. Will depend on the quotation of the service provider | | |
| Transpirition of an audia rease. | d nor A4 size | R24.00 | | |
| Transcription of an audio record Copy of an audio record (i) Flash drive To be provided by required (ii) Compact disc If provided by request If provided to the required | uestor | R40.00 R40.00 R40.00 R60. 00 | | |
| Postage, e-mail or any other ele | | Actual costs | | |
| TOTAL: | | | | |
| . Deposit payable (if se | Amoui | nt of deposit lated on one third of to | No ntal amount per | |
| The amount must be paid into the | • | | | |
| Name of Bank: Name of account holder: | | | | |
| Type of account: | | | | |
| Account number: | | | | |
| Branch Code: | | | | |
| | | | | |
| Reference Nr: Submit proof of payment to: | | | | |