

# FORM 3

## OUTCOME OF REQUEST AND OF FEES PAYABLE

### [Regulation 8]

**NOTES:**

1. 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.

**TO:** \_\_\_\_\_ **Reference number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your request dated \_\_\_\_\_, refers.

**1. You requested:**

<p><b>Personal inspection of information at registered address of public/private body</b> (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.</p>	<input type="checkbox"/>
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**2. You requested:**

<p><b>Printed copies of the information</b> (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form )</p>	<input type="checkbox"/>
<p><b>Written or printed transcription of virtual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</p>	<input type="checkbox"/>

<b>Transcription of soundtrack</b> ( <i>written or printed document</i> )	<input type="checkbox"/>
<b>Copy of record on flash drive</b> ( <i>including virtual images and soundtracks</i> )	<input type="checkbox"/>
<b>Copy of record on compact disc drive</b> ( <i>including virtual images and soundtracks</i> )	<input type="checkbox"/>
<b>Copy of record saved on cloud storage server</b>	<input type="checkbox"/>

**3. To be submitted:**

<b>Postal services to postal address</b>	<input type="checkbox"/>
<b>Postal services to street address</b>	<input type="checkbox"/>
<b>Courier service to street address</b>	<input type="checkbox"/>
<b>Facsimile of information in written or printed format</b> ( <i>including transcriptions</i> )	<input type="checkbox"/>
<b>E-mail of information</b> ( <i>including soundtracks if possible</i> )	<input type="checkbox"/>
<b>Cloud share/file transfer</b>	<input type="checkbox"/>
<b>Preferred language:</b> ( <i>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</i> )	<input type="checkbox"/>

Kindly note that your request has been:

- Approved
- Denied, for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Fees payable with regards to your request:**

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Transcription of an audio record, per A4-size R24.00			
Copy of an audio record			
(i) Flash drive	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

**5. Deposit payable (if search exceeds six hours):**

Yes       No

<b>Hours of search</b>		<b>Amount of deposit</b> <i>(calculated on one third of total amount per request)</i>	

The amount must be paid into the following Bank account:

**Name of Bank:** \_\_\_\_\_

**Name of account holder:** \_\_\_\_\_

**Type of account:** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Branch Code:** \_\_\_\_\_

**Reference Nr:** \_\_\_\_\_

**Submit proof of payment to:** \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Information officer**