

FORM 4

INTERNAL APPEAL FORM

[Regulation 9]

Reference number: _____

PARTICULARS OF PUBLIC BODY

Name of Public Body	
Name and Surname of Information Officer:	

PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL

Full Names	
Identity Number	
Postal Address	
Contact Numbers	Tel. (B): _____ Facsimile: _____ Cellular: _____
E-Mail Address	
Is the internal appeal lodged on behalf of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)	

PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL

Full Names	
Identity Number	
Postal Address	
Contact Numbers	Tel. (B): _____ Facsimile: _____ Cellular: _____
E-Mail Address	

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED

(Mark the applicable box with an "X")

Refusal of request for access	<input type="checkbox"/>
Decision regarding fees prescribed in terms of section 22 of the Act	<input type="checkbox"/>
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	<input type="checkbox"/>
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	<input type="checkbox"/>
Decision to grant request for access	<input type="checkbox"/>
Copy of record saved on cloud storage server	<input type="checkbox"/>

GROUNDS FOR APPEAL

(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)

<p>State the grounds on which the internal appeal is based:</p>	
<p>State any other information that may be relevant in considering the appeal:</p>	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Appellant/Third party

FOR OFFICIAL USE
OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by: <i>(state rank, name and surname of Information Officer)</i>	
Date received:	
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OUTCOME OF APPEAL

Refusal of request for access. Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New decision <i>(if not confirmed)</i>	
Fees (Sec 22). Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New decision <i>(if not confirmed)</i>	
Extension (Sec 26(1)). Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New decision <i>(if not confirmed)</i>	
Access (Sec 29(3)). Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New decision <i>(if not confirmed)</i>	
Request for access granted. Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New decision <i>(if not confirmed)</i>	

Signed at _____ this _____ day of _____ 20 _____

Relevant Authority