

**ANNEXURE E**

**FORM 3**

**OUTCOME OF REQUEST AND OF FEES PAYABLE**

[Regulation 8]

1. *If your request is granted –*
  - (a) *Amount of the deposit, if any, is payable before your request is processed; and 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

## 1. You Requested

<p>Personal Inspection of information at registered address of public/private body (<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>) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you.</p> <p>If you then require any form of reproduction of the information, you will be liable for the fees in Annexure B</p>	
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OR

## 2. You Requested

Printed copies of the information ( <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 or 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 information on flash drive ( <i>including virtual images and soundtracks</i> )	
Copy of information on compact disc drive ( <i>including virtual images and soundtracks</i> )	
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 ( <i>including soundtracks if possible</i> )	
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 the record is available</i> )	

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			
• To be provided by requestor	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• 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		
Copy of visual images	service provider		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			

• To be provided by requestor	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

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

Yes

No

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

Initial