

OUTCOME OF REQUEST AND OF FEES PAYABLE FORM

Note:

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.

Dear **[Insert name]**,

Your request **[insert reference number]** date **[insert date of request]** refers.

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 below.	

OR

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	

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)	

Outcome of Request:	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Declined

Item	Item Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy	[insert cost]		
Printed copy	[insert cost]		
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 • If provided to the requestor	R40.00 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		
Copy of an audio record			
(iii) Flash drive • To be provided by requestor	R40.00		
(iv) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R60.00		
Postage, e-mail or any other electronic transfer:	Actual Costs		
Total:			

Deposit Needed? (If search exceeds 6 hours)		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No	Hours needed:	Deposit Required: (calculated on one third of total amount per request)

Amount to 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 _____ on this _____ day of _____ 20_____

Information Officer

FOR OFFICIAL USE

Reference number:	
Request received by: <i>(state rank, name and surname of information officer)</i>	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer