



ANNEXURE A TO INFORMATION MANUAL

REQUEST FOR ACCESS TO A RECORD OF GUARANTEE PLACINGS PTY LTD

REQUEST FOR ACCESS TO RECORD OF A PRIVATE BODY

Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No 2 of 2000)

(Regulation 4)

1. PARTICULARS OF PRIVATE BODY

Postal address	Physical address	Contact details		
The Information Officer	250 Tuohyvale Road	Tel no:	(011) 789 6870	
PO Box 4913	Muldersdrift	Fax no:	086 504 4234	
Randburg	Roodepoort	Email:	info@gteeplace.co.za	
2125	1752	Website:	www.Guarantee Placings.co.za	

2. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

- The particulars of the person who requests access to the records must be recorded below.
- Furnish an address and/or fax number in the Republic of South Africa to which information must be sent.
- o Proof of the capacity in which the request is made, if applicable, must be attached.

Capacity in which request is made, when made on behalf of another person					

3. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

This section must be completed only if a request for information is made on behalf of another perso					
Full names and surname					
Identity number					





4. PARTICULARS OF RECORD

0	Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.					
0	If the space provided is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.					
Des	Description of record or relevant part of the record					
Ref	erence number, if available					
Any	y further particulars of record					
	4.1 Fees					
0	A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.					
0	You will be notified of the amount required to be paid as the request fee.					
0	The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.					
0	If you qualify for exemption of the payment of any fee, please state the reason therefore.					
Rec	ason for exemption from payment of fees					





4.2 Form of access to record

If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for hereunder, state your disability and indicate in which form the record is required.								
Disability			Form in which record is required					
2.00.0								
Mark the appropriate box								
with an X NOTES:								
o Your indication as to the req		·						
 Access in the form requeste informed whether access wi 				Jmstanc	es. In suc	n a cas	e you will	be
 The fee payable for access 	•			termined	d partly b	y the fo	rm in whi	ich
access is requested.								
If the record is in written or prir	nted form:							
Copy of record*	Copy of record*		Inspection	ection of record				
If record consists of visual images: (This includes photographs, slides, video recordings, computer-generated images, sketches, etc.)								
View the images	Сору	of the in	nages*		Transcri	ption o	f the ima	ges*
If record consists of recorded words or information which can be reproduced in sound:								
Listen to the soundtraccassette)	Listen to the soundtrack (audio cassette)		-	anscription of soundtrack* (written or printed ocument)				
If record is held on computer or in an electronic or machine-readable form:								
Printed copy of record	Printed copy of				Copy in computer-readable			
	inform the re	ation deri cord*	ived from		format (flash or compact disc)			disc)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable.								





5. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequ The requester must sign all the ac	•	•	rate folio and attach it to this form.
Indicate which right is to be exer	cised or pro	tected	
Explain why the requested record is	required for t	he exercising or prote	ection of the aforementioned right
6. NOTICE OF DECISION REGAI	RDING REQU	EST FOR ACCESS	
	nother mar	nner, please speci	n approved or denied. If you wish ify the manner and provide the
How would you prefer to be inform	ned of the d	ecision regarding yo	ur request for access to the record?
Signed at	this	day <u>of</u>	20
CICALATURE OF REQUIECTER /			
SIGNATURE OF REQUESTER/ PERSON ON WHOSE BEHALF			
REQUEST IS MADE			