



# **HAYRICK**

**HAYRICK (Pty) Ltd**

Registration number 2011/105666/07

FSP number 48416

("Hayrick")

Request for Access to Records

## REQUEST FOR ACCESS TO RECORDS

**NOTE:**

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

**TO: The Information Officer**

Address:	
Postal Code:	

Email:	
Fax number:	

**Mark with an "X"**

Request is made in my own name

Request is made on behalf of another person

### PERSONAL INFORMATION

Full Names:			
ID Number:			
Capacity in which request is made: <i>(when made on behalf of another person)</i>			
Postal Address:			Postal Code:
Street Address:			Postal Code:
Email Address:			
Contact Numbers:	Tel (B):		Facsimile:
	Cellular:		
Full names of person on whose behalf the request is made <i>(if applicable)</i> :			
ID Number:			
Postal Address:			Postal Code:
Street Address:			Postal Code:
Contact Numbers:	Tel (B):		Facsimile:
	Cellular:		

## PARTICULARS OF RECORD REQUESTED

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

Description of record or relevant part of the record:	
Reference number (if available):	
Any further particulars of record:	

## TYPE OF RECORD

(Mark the applicable box with an "X")

Record is in written or printed form	<input type="checkbox"/>
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	<input type="checkbox"/>
Record consists of recorded words or information which can be reproduced in sound	<input type="checkbox"/>
Record is held on a computer or in an electronic, or machine-readable form	<input type="checkbox"/>

## PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected:	
Explain why the record requested is required for the exercise or protection of the aforementioned right:	

## FEES

- a) A request fee must be paid before the request will be considered.
- b) You will be notified of the amount of the access fee to be paid.
- c) 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.
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason:	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal Address	Facsimile	Electronic Communication (please specify)

Signed at:  this  day of  20

Signature of Requester / person on whose behalf request is made

## FOR OFFICIAL USE

Reference number:	
Request received by: <i>(State Rank, Name and Surname of Information Officer)</i>	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	