

## FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE



## FORM 3

## **OUTCOME OF REQUEST AND OF FEES PAYABLE**

## [Regulation 8]

<ol> <li>If your request is granted the—         <ul> <li>(a) amount of the deposit, (if any), is payable before your request is processed; and</li> <li>(b) requested record/portion of the record will only be released once proof of full payment is received.</li> </ul> </li> <li>Please use the reference number hereunder in all future correspondence.</li> </ol>	
Reference number:	
го:	
Your request dated, refers.	
1. 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 in Annexure B.	
OR	
2. 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.	
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 (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)	
Kindly note that your request has been:	
Approved	
Denied, for the following reasons:	

<u> </u>	Fees payable with rega	rds to vour	raquast.		
	Item	rus to your	Cost per A4-size page or part thereof/item	e Number of pages/items	Total
Photoc	ору				
Printed					
For a c	copy in a computer-reada Flash drive To be provided by requ		R40.00		
(ii)	<ul><li>Compact disc</li><li>If provided by reque</li><li>If provided to the re</li></ul>		R40.00 R60.00		
page	ranscription of visual ima	•			
Transc	ription of an audio record	l, per A4-siz	e R24.00		
(i) • (ii) •	of an audio record Flash drive To be provided by requ Compact disc If provided by requestol If provided to the reque	stor	R40.00 R40.00 R60. 00		
Postag transfe TOTAL		ectronic	Actual costs		
5.	 Deposit payable (if sea Yes	rch exceed	s six hours):	□ No	
Hours of search		(	Amount of deposit calculated on one third of equest)	f total amount per	
Name of Name of Type of Account	f account holder: account: number:	-	Bank account:		
Branch (					
Referend Submit p	ce Nr: proof of payment to:				
Signed a	at	this	day of	20	
nformat	tion officer				