

**GAUTENG DEPARTMENT OF AGRICULTURE AND RURAL  
DEVELOPMENT (DARD)  
FORM B**

**NOTICE OF INTERNAL APPEAL**

(Section 75 of the Promotion of Access to Information Act, 2000 (Act 2 of 2000) [**Regulation 8**])

STATE YOUR REFERENCE NUMBER:  
\_\_\_\_\_

**A. Particulars of public body**

*The Information Officer / Deputy Information Officer  
Gauteng Department of Agriculture and Rural Development  
P O Box 8769  
JOHANNESBURG  
2000*

**Fax:** 0864202183

**B. Particulars of requester / third party who lodges the internal appeal**

- (a) *The particulars of the person who lodges the internal appeal must be given below*
- (b) *Proof of the capacity in which the appeal is lodged, if applicable, must be attached*
- (c) *If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at Section C below*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Capacity in which an internal appeal on behalf of another person is lodged:  
\_\_\_\_\_

**C. Particulars of person on whose behalf request is made**

*This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

**D. The decision against which the internal appeal is lodged**

*Mark the decision against which the internal appeal is lodged with an  in the appropriate box*

	Refusal of request for access
	Decision regarding fees prescribed in terms of section 22 of the Act
	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act
	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
	Decision to grant request for access

**E. Grounds for appeal**

*If the provided space is inadequate, please continue on a separate folio and attach it to this form. **You must sign all the additional folios.***

State the grounds on which the internal appeal is based:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any other information that may be relevant in considering the appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Notice of decision on appeal**

*You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

State the manner: \_\_\_\_\_

Particulars of manner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ (place) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_

\_\_\_\_\_  
SIGNATURE OF APPELLANT

**FOR DEPARTMENTAL USE:**

**OFFICIAL RECORD OF INTERNAL APPEAL:**

Appeal received on \_\_\_\_\_ (date) by \_\_\_\_\_ (state rank, name and surname of information officer / deputy information officer).

Appeal accompanied by the reasons for the information officer's / deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer / deputy information officer on \_\_\_\_\_ (date) to the relevant authority.

**OUTCOME OF APPEAL:**

Decision of Information Officer / Deputy Information Officer confirmed / New decision substituted

NEW DECISION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
RELEVANT AUTHORITY

\_\_\_\_\_  
DATE

RECEIVED BY THE INFORMATION OFFICER  
ON \_\_\_\_\_ (date)