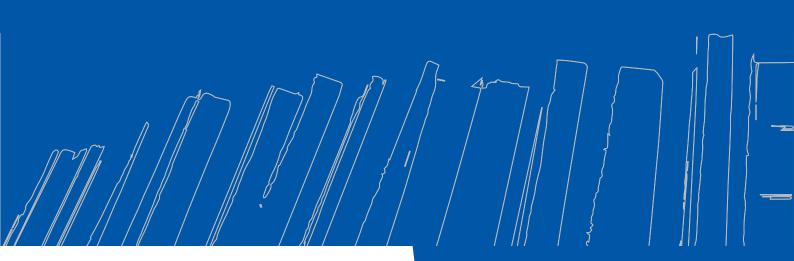
## FORM A - Request for Access to a Record of a Public Body in terms of Section 14 of the Promotion of Access to Information Act 2 of 2000

**MARCH 2018** 



Together, Moving Gauteng City Region Forward



Form A: Request for access to a record of a public body	Description of record or relevant part of the record:			
A. Particulars of Public Body				
The name and postal or physical address, fax number of email address of the Information				
Officer/Deputy Information Officer must be stated below.				
Attention	Reference number, if available:			
Attention:	Any further particulars of record:			
Information Officer/Deputy Information Officer: Gauteng Department of Sport, Arts, Culture and Recreation	E. Fees			
B. Particulars of person requesting access to the record (Officials that are employees of the Department of SACR are excluded and should use the Departmental internal processes to access information)  (a) The particulars of the person requesting access to the record must be recorded below.  (b) Furnish an address and/or fax number in the Republic to which information must be sent.  (c) Proof of the capacity in which the request is made, must be attached.	<ul> <li>(a) A request for access to a record, other than record containing personal information about yourself, will be possessed only after a request fee has been paid.</li> <li>(b) You will be notified of the amount required to be paid as the request fee.</li> <li>(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.</li> <li>(d) If you qualify for exemption of the payment of any fee, please state the reason therefore.</li> </ul>			
	Reason for exemption:			
Full names :	F. Form of access to record			
Surname :  dentity number :	Mark the appropriate box with an "X"			
Postal address :  Phone number :  Fax number :  Cell number :	<ul><li>(a) Your indication as the required form of access depends on the form in which the record is available.</li><li>(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.</li><li>(c) The fee payable to the record, if any, will be determined partly by the form in which access is requested.</li></ul>			
Email address :	If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required			
	Disability:			
	Form in which record is required:			
C. Particulars of person on whose behalf the request is made	1. If the record is in written or printed form:			
This section must be completed only if request for information is made on behalf of another person.	Copy of record * Inspection of record			
Full names :				
Surname :	2. If record consists of visual images:			
dentity/company number:	(This includes photos, slides, video recordings, computer-generated images, sketches, etc.			
D. Particulars of record	View the images			
(a) 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.	Copy of the images			
(b) If the provided space is inadequate please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.	Transcription of the images			

3. If the rec	ord consists	s of recor	d words or i	nformation	which can be	reproduced	in sound:	
	Listen to	the soun	dtrack (audi	o Cassette)				
	Transcrip	tion of th	ne soundtrac	k*				
4. If the rec	ord is held o	on a com	puter or in a	n electronic	or machine-F	Readable for	m:	
	Printed co	opy of re	cord*					
	Printed co	opy of inf	formation de	erived from t	the record*			
	Copy in a	compute	er readable fo	orm* (DVD c	or compact dis	sc)		
*If you reque to you? <b>A po</b>	- '	-	script of a re	ecord above,	do you wish	the copy or	transcript to be	: posted
Yes	No							
Note that if in which the			ilable in the	language yo	ou prefer, acce	ess may be g	granted in the la	ınguage
In which lan	guage woul	d you pre	efer the reco	rd?				
G. Notice of	decision re	garding	request for a	access				
	nother man	ner, plea	, .			•	u wish to be ir y particulars to	
How would	you prefer t	o be info	rmed of the	decision reg	arding your r	equest to the	e record?	
Signed at				this	day of			20
SIGNATURE	OF REQUES	STER/ PE	ERSON ON W	V HOSE BEH	IALF REQUES	T IS MADE		
FOR DEPAR	TMENTAL U	ISE						
Reference n	umber:							
Request rec (Date) at (pla		ate rank,	name and s	urname of ir	nformation of	ficer/deputy	information of	ficer) or
Request fee Deposit (if a Access: R	ny): R							
SIGNATURE	OF INFORM	MATION C	OFFICER/DE	PUTY INFOR	RMATION OF	FICER		