ANNEXURE C

FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

- 1. If your request is granted the—
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received.
- 2. Please use the reference number hereunder in all future correspondence.

	Reference number:
TO:	-
	- -
	-
Your request dated, refers	s.

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				
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:				

4. Fees payable with regards to your request:

Item	Cost per A4- size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive			
 To be provided by requestor 	R40.00		
(ii) Compact disc			
 If provided by requestor 	R40.00		
 If provided to the requestor 	R60.00		
For a transcription of visual images per A4-	Service to be		
size page	outsourced. Will		

Copy of visual	images		depend on the quotation of the service provider		
Transcription of an audio record, per A4-size			R24.00		
	rive ne provided by requestor	r	R40.00		
•	(ii) Compact discIf provided by requestor		R40.00		
	 If provided to the requestor 		R60.00		
Postage, e-m transfer:	ail or any other ele	ctronic	Actual costs		
TOTAL:					
5. Depos	it payable (if search e	kceeds	six hours):		
Yes			[No	
Amount			of deposit		
Hours of		(calcula	ted on one third of	total amoun	t per
search	1	request)		
The amount m	nust be paid into the follo	owing B	ank account:		
Name of Bank	<u></u>				
Name of acco	unt holder:				
Type of accou	nt:				
Account numb	oer:				
Branch Code:					
Reference nur	mber:				
Submit proof of	of payment to:				
Signed at	th	is	day of		20
	officer				