



Request For Access to Record

Please complete and return to compliance@mandg.co.za.

Note

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

The Information Officer

Physical address

Postal code

Email address

Telephone + / - Facsimile + / -

Mark with an "X"

Request is made in my own name Request is made on behalf of another person

1 Personal information

Full names

ID number

Capacity in which request is made (when made on behalf of another person)

Postal address

Postal code

Street Address

Postal code

Email address

Telephone + / - Cellphone + / -

Particulars of person on whose behalf request is made (if applicable):

Full names

ID number

Postal address

Postal code

Street Address

Postal code

Email address

Telephone + / - Cellphone + / -

6 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

7 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

Postal address

Postal code

Facsimile + / -

Electronic communication

(Please specify)

Signature of Requester / person on whose behalf request is made

Place

Date

8 For official use

Reference number

Request received by

(State Rank, Name And Surname of Information Officer)

Date received Access fees Deposit (if any)

Signature of Information Officer