

**ANNEXURE A**

**REQUEST TO ACCESS OF INFORMATION FORM: 2020**

**Personal Information of requestor:**

<b>Name</b>	
<b>Surname</b>	
<b>ID Number</b>	
<b>Address</b>	
<b>Contact Number(s)</b>	

**Is this request made on the behalf of a third party:**

**Yes / No**

**If Yes:**

<b>Capacity you are acting</b>	
<b>Name</b>	
<b>Surname</b>	
<b>ID Number</b>	

<b>Address</b>	
<b>Contact Number(s)</b>	

**What record is required?:**

**What form of access do you require?:**

**Information regarding the right that is to be protected:**

**Manner in which you would like to be informed of the decision on the request:**

**Requestor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For official use:*

**Date Received:** \_\_\_\_\_

**Received by whom:** \_\_\_\_\_