FORM A

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

Section 18(1) of the Promotion of Access to Information Act No. 2 of 2000
[Regulation 6]

FOR DEPARTMENTAL USE

Reference number:__________________________

Request received by ____________________________ (state rank and full name of information officer/deputy information officer)
on ___________________________ (date) at ___________________________ (place)

Request fee (if any): R ________________

Deposit (if any): R ________________

Access fee: R ________________

__________________________________________
SIGNATURE OF INFORMATION OFFICER/
DEPUTY INFORMATION OFFICER

A. Particulars of public body

The Deputy Information Officer:

The Registrar
University of KwaZulu-Natal
University Road
Chittern Hills
Westville
3629

Postal Address: Private Bag X54001, Durban, 4000

Telephone Number: 031 – 2607971
Electronic Mail: registrar@ukzn.ac.za
### B. Particulars of person requesting access to the record

<table>
<thead>
<tr>
<th></th>
<th>The particulars of the person who requests access to the record must be given below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>The address and/or fax number in the Republic to which the information is to be sent, must be given.</td>
</tr>
<tr>
<td>(b)</td>
<td>Proof of the capacity in which the request is made, if applicable, must be attached.</td>
</tr>
</tbody>
</table>
Full names:______________________________________________________________
Identity number:________________________________________________________
Postal address:__________________________________________________________
Fax number:____________________________________________________________
Telephone number:_______________________________________________________
E-mail address:__________________________________________________________
Capacity in which request is made, when made on behalf of another person(s):
____________________________________________________________________

C. Particulars of person(s) on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person(s).

Full names and surname:__________________________________________________
Identity number:________________________________________________________
Name of organization:____________________________________________________

D. Particulars of record

(a) Provide full particulars of the record to which access is requested, including any reference number or date if that is known to you, to enable the record to be located.

(b) 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 or attachments to this form.

1. Description of record or relevant part of the record and reason for request:_____

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. Reference number, if available:_________________________________________

3. Any further particulars of record:________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Reason for exemption from payment of fees: __________________________________________

________________________________________

________________________________________

F. Form of access to record

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 below, state your disability and indicate in which form the record is required.

Disability: ___________________________ Form in which record is required: ___________________________

________________________________________

________________________________________

Mark the appropriate box with an X.

NOTES:
(a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
(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.
(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or printed form:

<table>
<thead>
<tr>
<th>copy of record*</th>
<th>inspection of record</th>
</tr>
</thead>
</table>

2. If record consists of visual images –
(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

<table>
<thead>
<tr>
<th>view the images</th>
<th>copy of the images*</th>
<th>transcription of the images*</th>
</tr>
</thead>
</table>

3. If record consists of recorded words or information which can be reproduced in sound:

<table>
<thead>
<tr>
<th>listen to the soundtrack (audio cassette)</th>
<th>transcription of soundtrack* (written or printed document)</th>
</tr>
</thead>
</table>
G. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/ denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Signed at __________________ (place) on this ________day of __________________________ (month) 20______(year)

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE