

FORM A
REQUEST FOR ACCESS TO RECORD OF HERITAGE WESTERN CAPE
(Section 18(1) of the Promotion of Access to Information Act, 200 (Act. 2 of 2000))
[Regulation 6]

FOR DEPARTMENTAL USE

Reference number.....

Request received by..... (State rank,
name and surname 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/DUTY INFORMATION OFFICER

A. Particulars of Heritage Western Cape

The Chief Executive Officer
Protea Assurance Building
Greenmarket Square
Cape Town
8000

Tel.no: 021 483 9598

Email: Ceoheritage@westerncape.gov.za

www.westerncape.gov.za/cas

Street Address: Protea Assurance Building, Green Market Square, Cape Town, 8000 • **Postal Address:** Private Bag X9067, Cape Town, 8001
• **Tel:** +27 (0)21 483 5959 • **E-mail:** ceoheritage@westerncape.gov.za

Straatadres: Protea Assuransie-gebou, Groentemarkplein, Kaapstad, 8000 • **Posadres:** Privaatsak X9067, Kaapstad, 8001
• **Tel:** +27 (0)21 483 5959 • **E-pos:** ceoheritage@westerncape.gov.za

B. Particulars of person requesting access to the record

- a) The particulars of a person who requests access to the record must be given below.
- b) The address and/or fax number in the Republic to which the information is to be sent, must be given.
- c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:

Identity number:

Postal address:

Telephone number: (.....)..... Fax number: (.....).....

E-mail address:

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

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

Full names and surname:

Identity number:

D. Particulars of record

- 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.
- b) If the provided space is inadequate, please continue on a separate attachment and attach to this form. The requester must sign all additional attachments/

1. Description of record or relevant part of the record:

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FORM A: REQUEST FOR ACCESS TO RECORD OF HERITAGE WESTERN CAPE

2. Reference number, if available:.....

3. Any further particulars of record :

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NB. Attach an affidavit and/or power of attorney giving permission to obtain information on behalf on the person the request is made

E. Fees

- | |
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| <p>a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>b) You will be notified of the amount required to be paid as the request fee.</p> <p>c) The fee payable for access to a record depends on the form in which access is required and the reasonable times required to search and prepare a record.</p> <p>d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.</p> |
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Reason for exemption from payments of fees:

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| <p>a) Access in the form requested may be refused in certain circumstance. In such a case you will be informed if access will be granted in another form.</p> <p>b) The fee payable for access to the record, if any , will be determined partly by the form in which access is requested.</p> |
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*If you requested a copy or transcription of a record (above() , o you wish the copy or transcription to be posted to you?	YES	NO
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.		
In which language would you prefer the record?		

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

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Signed at.....this day.....of.....year.....

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 SIGNATURE OF REQUESTER/ PERSON ON WHOSE BEHALF REQUEST IS MADE