
	PEXMART GROUP QUALITY MANAGEMENT SYSTEM			
	PAIA– FORM A: ACCESS TO INFORMATION			
Doc No. PAIA Form A	Reviewed:	Prepared by: L vd Walt	Authorized by: Andre Jv Rensburg	Rev: 00
Issued: June 2021		Deputy information Officer	MANAGING MEMBER	Effective:01/07/2021

FORM A

**REQUEST FOR ACCESS TO RECORDS IN TERMS OF SECTION 18 (1) OF THE
PROMOTION OF ACCES TO INFORMATION ACT 2 OF 2000 [REGULATION 6]**

FOR DEPARTEMENTAL USE	
Reference Number:	
Request received by: (State Rank, name, and surname of information officer/deputy information officer)	
Date Request received on:	
Place Request received at	
Request fee (if any):	R
Deposit (if any):	R
Access Fee:	R
<hr style="width: 50%; margin-left: 0;"/> Signature of Information Officer/Deputy Information Officer	

A	PARTICULARS OF PUBLIC BODY
The Information Officer/Deputy Information Officer	

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B	PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD
(a) The particulars of the person who requests access to the record must be give below (b) The address and/email address in the RSA too which the information is to be sent, must be provided. (c) Proof of the capacity in which the request is made, if applicable, must be attached	
Full Names and Surname:	
Identity number:	
Postal Address:	
Physical Address:	
Telephone Number	
Email Address:	
Capacity in which request is made, when made on behalf of another person and proof thereof:	
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 page folio and attach it to this form. The requested must sign all the additional folios with his Identity number.	
1) Description of the record or relevant part of the record:	



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2) Reference number, if available:
3) Any further particulars of record:

E	FEES
(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, and you have provided proof of payment. (b) You will be notified of the amount required to be paid as the request fee. (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 the record. (d) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.	

Reason for the exemption from payment of fees:

F	FORM OF ACCESS TO RECORD
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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 form.
 - (c) The fee payable for access to the record, if any, will be determined partly by the from in which access is requested.



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1) If the record is in written or printed form:				
	Copy of the Record*		Inspection of Record	
2) If record consists of visual images- (this includes photographs, slides, video recording, computer-generated images, sketches, etc.):				
	View Images		Copy of the images	Transcription of Images*
3) If record consist of recorded words or information which can be reproduced in sound:				
	Listen to the sound track (Audio cassette)		Transcription of soundtrack* (Written or printed document)	
4) If record is held on computer or in an electronic or machine-readable form:				
	Printed copy of record*		Printed copy of information derived from the record*	Copy in computer readable form* (Stiffy or Compact disc)
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage will be payable by you.				Yes: <input type="checkbox"/>
				No: <input type="checkbox"/>
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?				
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 for your request for access to the record?				

Signed at _____ on this the _____ day of _____ 20_____.

Signature of Requester/Person on whose behalf request is made