FORM 3

OUTCOME OF REQUEST AND FEES PAYABLE

[Regulation 8]

Note:	
If your request is granted the—	
(a) amount of the deposit, (if any), is payable before your request is processed; and	
(b) requested record/portion of the record will only be released once proof of full payment is rec	eived.
2. Please use the reference number hereunder in all future correspondence.	
Reference number:	
TO:	
	
	
Your request dated, refers.	
Tour request dated, refers.	
1. You requested:	
Personal inspection of information at registered address of public/private body (including listening	
to recorded words, information which can be reproduced in sound, or information held on computer	
or in an electronic or machine-readable form) is free of charge. You are required to make an	
appointment for the inspection of the information and to bring this Form with you. If you then	
require any form of reproduction of the information, you will be liable for the fees prescribed in	
Annexure B.	
OR	
2. You requested:	
Printed copies of the information (including copies of any virtual images, transcriptions and	
information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video	
recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	
3. To be submitted:	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language:	
(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)	
Kindly note that your request has been:	
Approved	
Deviced for the following recognity	
Denied, for the following reasons:	

4. Fees payable with regards to your request:						
Item		Cost per A4-size page or part thereof/item	Number of pages/items	Total		
Photocopy						
Printed copy						
For a copy in a computer-reada (i) Flash drive To be provided by red (ii) Compact disc		R40.00				
If provided by requIf provided to the r		R40.00 R60.00				
For a transcription of visual imapage Copy of visual images	iges per A4-size	Service to be outsourced. Will depend on the quotation of the service provider				
Transcription of an audio record	d, per A4-size	R24.00				
Copy of an audio record (i) Flash drive To be provided by rec (ii) Compact disc If provided by request If provided to the requ	or	R40.00 R40.00 R60. 00				
Postage, e-mail or any other ele	ectronic transfer:	Actual costs				
TOTAL:						
Deposit payable (if se	arch exceeds six	k hours):	☐ No			
Hours of search		nt of deposit ated on one third of to et)	otal amount per			
The amount must be paid into the Name of Bank: Name of account holder:						
Type of account: Account number:						
Branch Code: Reference Nr: Submit proof of payment to:						