

PAIA ACCESS REQUEST FORM

Page 1 of 5	FOR OFFICE USE ONLY	Reference Number: Received by:
(Section 53(1)(e) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]		
1) PARTICULARS OF BODY Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below: MR PRICE GROUP LIMITED Contact person: Clare Williamson Postal address: PO Box 912 Durban 4000 Physical address: Upper Level, North Concourse 65 Masabalala Yengwa Avenue Durban 4001 Telephone number: +27 31 310 8000 Fax number: +27 31 304 3725 E – mail : privacy@mrpg.com Website : www.mrpricegroup.com		

2b PARTICULARS OF REQUESTER (if a Legal Entity)

- (a) *Particulars of the entity that requests access to the record must be recorded below.*
- (b) *Furnish an address and/or fax number in the Republic to which information must be sent.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*

Name of entity: _____

Registration number: _____

Postal address: _____

Postal Code: _____

Phone number: (_____) _____

Fax number: (_____) _____

5 FEES

(a) *A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **non-refundable request fee of R57.50 (incl VAT)** has been paid.*

(b) *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.*

(c) *You will be notified of the amount required to be paid as the **access fee**.*

(d) *If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

Reason for exemption from payment of fees: _____

6a FORM OF ACCESS TO RECORD

Form in which record is required

Mark the appropriate box with an X.

NOTES:

- (a) *Compliance with your request in the specified form may depend on the form in which the record is available.*
- (b) *Access in the form requested may be refused under certain circumstances. In such a case, you will be informed whether 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:

- Copy of record* Inspection of record

2. If record consists of visual images:

(including photographs, slides, video recordings, computer-generated images, sketches, etc.)

- View the images Copy of the images* Transcription of the images*

3. If the record consists of recorded information that can be reproduced in sound:

- Listen to the soundtrack Transcription of soundtrack*
(audio cassette) (written or printed document)

4. If the record is held on computer or in an electronic or machine-readable form:

(including photographs, slides, video recordings, computer-generated images, sketches, etc)

- Printed copy of record* Printed copy of
Information derived Copy in computer
from the record* readable form*

* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? **Postage is payable.**

Yes	No
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6b IN THE EVENT OF DISABILITY

If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for in 1 to 4 above, state your disability and indicate the form in which the record is required.

Disability: _____ **Form in which record is required:** _____

7 PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the space provided is inadequate, please continue on a separate folio and attach it to this form.

The requester must sign all additional folios.

1. **Indicate the right to be exercised or protected:** _____

2. **Explain why the record requested is required for the exercise or protection of the
aforementioned right:** _____

8 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? _____

9 AUTHORISED SIGNATURE

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

YOU MUST:

1. Complete all necessary spaces.
2. Sign the access request form.
3. Sign additional folios completed.

SEND WITH THIS APPLICATION:

1. Proof of payment of R57.50 (incl VAT) (if not personal requester) request fee.
2. Any additional folios completed.

APPENDIX B

PRESCRIBED FEES

(Section 54(7) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))
[Regulation 11 (3)]

1 PLEASE NOTE THAT ALL PRICES FOR THE ITEMS LISTED BELOW ARE INCLUSIVE OF VALUE-ADDED TAX (VAT)

(a) For every photocopy of an A4-size page or part thereof	R 1.27
(b) For every printed copy of an A4-size page of part thereof held on a computer or in an electronic or machine-readable form.	R 0.86

(c) For a copy in a computer-readable form on compact disc	R80.50
(d) (i) For a transcription of visual images, for an A4-size page or part thereof	R46.00
(ii) For a copy of visual images	R69.00
(e) (i) For a transcription of an audio record, for an A4-size page or part thereof	R23.00
(ii) For a copy of an audio record	R34.50
(f) To search for and prepare the record for disclosure – for each hour or part thereof (as is reasonably required for such search and preparation).	R34.50
For purposes of section 54(2) of the Act, the following applies:	
(g) Six hours as the hours to be exceeded before a deposit is payable	
(h) One third of the access fee is payable as a deposit by the requester	
(i) The actual postage fee is payable when a copy of a record must be posted to a requester.	