

FORM 3 **OUTCOME OF REQUEST AND OF FEES PAYABLE**

[Regulation 8]

Note:

- 1. If your request is granted the—
- (a)
- amount of the deposit, (if any), is payable before your request is processed; and requested record/portion of the record will only be released once proof of full payment is (b) received

2. Please use th	e reference number hereunder in all future correspondence.
	Reference number:
·	, refers.
 You requested Personal inspection 	on 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 re	equired to make an appointment for the inspection of the information
and to bring this I	Form with you. If you then require any form of reproduction of the
information, you w	ill be liable for the fees prescribed in Annexure B.
2. You requeste	OR
-	he information (including copies of any virtual images, transcriptions
•	eld on computer or in an electronic or machine-readable form)
	transcription of virtual images (this includes photographs, slides,
video recordings,	computer-generated images, sketches, etc)
Transcription of so	undtrack (written or printed document)
Copy of information	n on flash drive (including virtual images and soundtracks)
Conv of information	n 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				
Denied, for the following reasons:				

4. Fees payable with regards to your request:

Cost per A4-size page or part thereof/item	Number of pages/items	Total
R40.00		
R40.00		
	page or part thereof/item	page or part thereof/item pages/items

	R60.00			
For a transcription of visual images per	Service to be			
A4-size page	outsourced. Will			
Copy of visual images	depend on the			
	quotation of the service			
	provider			
Transcription of an audio record, per A4-	R24.00			
size				
Copy of an audio record				
(i) Flash drive				
To be provided by requestor	R40.00			
(ii) Compact disc				
If provided by requestor	R40.00			
If provided to the requestor	R60. 00			
Postage, e-mail or any other electronic	Actual costs			
transfer:	Actual costs			
TOTAL:				
5. Deposit payable (if search exceeds	eiv houre):			
Yes	L No)		
	ount of deposit culated on one third of total amount	nor		
required to the second of the		per		
The amount must be paid into the following	Bank account:			
Type of account:				
Account numbers				
Out well and of a sure and to		<u> </u>		
		0.0		
Signed at this	day of	20		
Information officer	_			