

co-operative governance & traditional affairs MPUMALANGA PROVINCE REPUBLIC OF SOUTH AFRICA

FORM 4

LODGING OF AN INTERNAL APPEAL

[Regulation 9]

Reference number: _____

PARTICULARS OF PUBLIC BODY					
Name of public body:					
Name and sur	rname of	F			
information officer:					
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL					
Full names:					
Identity number:					
Postal address:					
Contact numbers:	Tel. (B):		Facsimile:		
	Cellular:				
E-mail Address:					
Is the internal appeal lodged on behalf of another Yes No					
person?			163		
If answer is "yes", capacity in which an internal					
appeal on behalf of another person is lodged: (Proof					
of the capacity in which appeal is lodged, if					
applicable, must be attached.)					
PARTICULARS OF	PERSON O	N WHOSE BEHALF	THE INTERI	NAL APPEA	L IS LODGED
(If lodged by a third party)					
Full names:					
Identity number:					
Postal address:					
Contact numbers:	Tel. (B):		Facsimile:		
	Cellular:				
E-mail address:					

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED

(mark the appropriate box with an "X")

Refusal of request for access:

Decision regarding fees prescribed in terms of section 22 of the Act:

Decision regarding the extension of the period within which the request must be

dealt with in terms of section 26(1) of the Act:

Decision in terms of section 29(3) of the Act to refuse access in the form requested

by the requester:

Decision to grant request for access:

GROUNDS FOR APPEAL

(If the provided space is inadequate, please continue on a separate page and attach it to this

form. all the additional pages must be signed.)

State the grounds on which the internal	
appeal is based:	
State any other	
information that may	
be relevant in	
considering the	
appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication (Please specify)	

Signed at ______ this _____ day of _____ 20 _____

Signature of appellant/Third party

FOR OFFICIAL USE OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by:						
(state rank, name and surname of Information officer)						
Date received:						
Appeal accompanied by the	reasor	ns for the informa	tion officer's decision and, where	Yes		
applicable, the particulars of a	ny third	party to whom or whether the second	hich the record relates, submitted by	No		
the information officer:						
	OUTCOME OF APPEAL					
Refusal of request for access. Confirmed?	Yes	New decisio	n			
	No	confirmed				
Fees (Sec 22). Confirmed?	Yes	New decisio	'n			
	No	confirmed				
Extension (Sec 26(1)). Confirmed?	Yes	New decisio	n			
	No	confirmed				
Access (Sec 29(3)). Confirmed?	Yes	New decisio	n			
	No	confirmed				
Request for access granted. Confirmed?	Yes	New decisio (if not	n			
	No	confirmed				

Signed at	this	day of	20
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Relevant authority