

## ANNEXURE B: FORM 3

### OUTCOME OF REQUEST AND 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
  - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

Reference number: \_\_\_\_\_

**TO:** The Information Officer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request dated \_\_\_\_\_, refers.

#### 1. You requested:

|   |  |
|---|--|
| Personal inspection of information at registered address of public/private body ( <i>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</i> ) 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 A. |  |
|---|--|

**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 |  |
|--|--|



| ITEM | DESCRIPTION   | AMOUNT  | NUMBER OF PAGES/ITEMS | TOTAL: |
|------|---|---|-----------------------|--------|
| 1.   | The request fee payable by every requester  | R 140.00  |                       |        |
| 2.   | Photocopy/printed black & white copy of A4-size page  | R 2.00 per page or part thereof   |                       |        |
| 3.   | Printed copy of A4-size page  | R 2.00 per page or part thereof   |                       |        |
| 4.   | For a copy of computer-readable form on:<br>(i) Flash drive (to be provided by the requestor)<br>(ii) Compact Disk:<br>a. If provided by requester<br>b. If provided to the requester               | R 40.00<br><br>R 40.00<br>R 60.00   |                       |        |
| 5.   | For a transcription of visual images per A4-size page   | Service to be outsourced. Will depend on quotation from service provider. |                       |        |
| 6.   | For a copy of visual images   |   |                       |        |
| 7.   | Transcription of an audio record, per A4-size page  | R 24.00   |                       |        |
| 8.   | For a copy of audio recording on:<br>(i) Flash drive (to be provided by the requestor)<br>(ii) Compact Disk:<br>a. If provided by requester<br>b. If provided to the requester                      | R 40.00<br><br>R 40.00<br>R 60.00   |                       |        |
| 9.   | To search for and prepare the record for disclosure, for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. Not to exceed a total cost of | R 145.00<br><br>R 435.00  |                       |        |
| 10.  | Deposit: If search exceeds 6 hours  | One third of the amount per request                                       |                       |        |

|            |   |                                      |  |  |
|------------|---|--------------------------------------|--|--|
|            |   | calculated in terms of items 2 to 8. |  |  |
| <b>11.</b> | Postage, email or any other electronic transfer | Actual expense, if any.              |  |  |
|            | <b>TOTAL:</b>                                   |                                      |  |  |

**5. Deposit payable (if search exceeds six hours):**

Yes

No

|                 |  |  |  |
|-----------------|--|--|--|
| Hours of search |  | Amount of deposit ( <i>calculated on one third of total amount per request</i> ) |  |
|-----------------|--|--|--|

The amount must be paid into the following Bank account:

Name of Bank: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Submit proof of payment to: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**INFORMATION OFFICER**