

H/O Cape Town: (021) 788 4681 Fax: (021) 788 1830; P.O. Box 188 Muizenberg, 7950; [info@be-safe.co.za](mailto:info@be-safe.co.za)

**Request for Access to Information Form (Form C)**

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]

**A. Particulars of Private Body**

The Information Officer  
Be Safe Paramedical cc  
P.O. Box 188  
Muizenberg  
7950  
Cape Town

Tel. +27 21 7884681  
Fax. +27 21 788 1830  
[gavins@be-safe.co.za](mailto:gavins@be-safe.co.za)

**B. Particulars of Person Requesting Access to the Record**

- a) The particulars of the person who requests access to the record must be given below.
- b) The address and/or fax number in the Republic to which the information is to be sent must be given.
- c) Proof of the capacity in which the request is made, if applicable, must be attached.

**Full names and surname:**

.....

**Identity number:**

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**Postal address:** .....

**Telephone number:** (.....).....

**Fax number:** (.....).....

**E-mail address:** .....

**Capacity in which request is made, when made on behalf of another person:**

.....

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**C. Particulars of Person on Whose Behalf Request is Made**

This section must be completed **ONLY** if a request for information is made on behalf of another person.

**Full names and surname:**

.....

**Identity number:**

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**D. Particulars of Record**

- a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located
- b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios

**1. Description of record or relevant part of the record:**

.....  
 .....

**2. Reference number, if available:**

.....

**3. Any further particulars of record:**

.....  
 .....

**E. Fees**

- a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- b) You will be notified of the amount required to be paid as the request fee.
- c) 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 a record.
- 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:**

.....  
 .....  
 .....  
 .....

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**F. Form of Access to Record Required**

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

<p><b>Disability:</b>                  Mark the appropriate box with an X</p> <p><b>Notes:</b></p> <p>a) Compliance with your request for access in the specified form may depend on the form in which the record is available.</p> <p>b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.</p> <p>c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	<p><b>Form in which record is required:</b></p>
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<b>1. If the record is in written or printed form:</b>		
<input type="checkbox"/> Copy of record*	<input type="checkbox"/> Inspection of record	
<b>2. If record consists of visual images –</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):		
<input type="checkbox"/> View the images*	<input type="checkbox"/> Copy the images*	<input type="checkbox"/> Transcription of images*
<b>3. If record consists of recorded words or information which can be reproduced in sound</b>		
<input type="checkbox"/> Listen to the soundtrack (audio cassette)	<input type="checkbox"/> Transcription of soundtrack* (Written or printed document)	
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>		
<input type="checkbox"/> Printed copy of record*	<input type="checkbox"/> printed copy of information derived from the record*	<input type="checkbox"/> copy in computer readable form* (compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?	<b>Yes</b>	<b>No</b>
<b>Postage is payable.</b>		

**G. Form of Access to Record Required**

If the provided space is inadequate, please continue on a separate folio and attach it to this form.  
**The requester must sign all the additional folios.**

1. **Indicate which right is to be exercised or protected:**  
 .....
2. **Explain why the record requested is required for the exercise or protection of the  
 aforementioned right:**  
 .....  
 .....  
 .....

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**H. 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?**

.....  
.....

**Signed at** ..... **this day** ..... **of** ..... **year** .....

.....  
**Signature of Requester**  
**Person on whose behalf request is made**