ANNEXURE A

FORM A

REQUEST FOR ACCESS TO A RECORD OF A PRIVATE BODY

Section 18(1) of the Promotion of Access to Information Act No. 2 of 2000

[Regulation 6]

A. Particulars of private body

The Information Officer: Dr Wilma Guest-Mouton (CEO)

Guest Resource Services (Pty) Ltd

41 Theron Street, Clarina, Pretoria, 0182

PO Box 54208, Ninapark, Pretoria, 0156

012 542 1358

082 785 9484

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 in the Republic to which the information is to be sent, must be provided.
C) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names: _____

Identity number: _____

Postal address: _____

Fax number: _____

Telephone number: _____

E-mail address: _____

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

_____

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: _____

D. Particulars of records

a) Provide full particulars of the record to which access is requested, including any reference numbers or date if that is known to you, to enable the records to be located.
b) If the provided space is inadequate, please continue on a separate page and attach it to this form. **The requester must sign all the additional pages or attachments to the form.**

Description of record or relevant part of the record:

_____

_____

_____

Reference number if applicable:

_____

Any further particulars of record:

_____

_____

_____

E. Fees

a) Fees will be prescribed according to the company policy.
b) More information relating to the fees can be obtained on Annexure B

Reason for exemption from payment of fees:

_____

_____

_____

F. Outcomes

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 like to be informed of the decision regarding your request for access to the record?

_____

_____

_____

G. Disclaimer

Guest Resource Services reserves the right to inform the requester of the appropriate form applicable in order to process the detail of the request:
Such form, if applicable, will be made available at the time.

Signed at _____(place) on this _____day of

_____(month) 20_____(year)

_____

Signature of requester / person
On whose behalf the request is
Made

FOR COMPANY USE

Reference Number: _____

Request received by

_____

(state full title and name of Information Officer / Deputy Information Officer)

on _____(date) at

_____(place)

Requested fee (if applicable) R _____

Deposit (if applicable) R _____

Access Fee (if applicable) R _____

_____

Signature of Information Officer /
Deputy Information Officer