

Application form to request access to a record of Dr HP Ehlers Inc in terms of the Promotion of Access to Information Act, Act No.2 of 2000).

A. 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 with the Republic of South Africa to which the information should be sent, must be given.
- c) Proof of capacity in which the request is made must be attached (if applicable).

Full Names and Surname: _____

Identity Number:

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Postal Address:

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

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

B. Particulars of person on whose behalf request is made:

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

Full Names and Surname: _____

Identity Number:

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C. Particulars of record:

- a) Provide full details of the record to which access is requested.
- b) If the provided space is inadequate, please continue on a separate page/ annexure and attach it to this form. The requester must sign all additional pages/ annexures.

1. Description of record or portion of the record requested:

2. Reference Number/ Heading (if Applicable):

3. Any further particulars of record:

D. 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.

E. Notice of Decision regarding request for access to record:

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

FOR INTERNAL USE

Request received from: _____

Acting on Behalf of: _____ (if applicable)

Fee Payable received: _____

Signature of Information Officer of Dr HP Ehlers Inc