



UNIVERSITY OF THE  
WITWATERSRAND,  
JOHANNESBURG

**FORM A**

**REQUEST FOR ACCESS TO A RECORD OF THE UNIVERSITY OF THE  
WITWATERSRAND, JOHANNESBURG**

(Section 18 (1) of the Promotion of Access to Information Act, Act No. 2 of 2000)  
(Regulation 6)

**FOR OFFICE USE ONLY**

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

Request received by \_\_\_\_\_ (state rank, name  
and surname if information officer/deputy information officer) on\_\_ (date) at  
\_\_\_\_\_ (place).

Request fee (if any): R\_\_\_\_\_ Receipt no. \_\_\_\_\_

Deposit (if any): R\_\_\_\_\_ Receipt no. \_\_\_\_\_

Access fee: R\_\_\_\_\_ Receipt no. \_\_\_\_\_

\_\_\_\_\_  
Signature: Information Officer/Deputy Information Officer

**A. PARTICULARS OF DEPUTY INFORMATION OFFICER**

**Deputy Information officers**

Registrar: Ms Carol Crosley  
Telephone No.: 011 717 1202  
Fax No.: 011 717 1217  
E-mail: [carol.crosley@wits.ac.za](mailto:carol.crosley@wits.ac.za)  
Postal Address: Private Bag 3, WITS, 2050, South Africa

**PLEASE NOTE:**

Requests for information in terms of the Promotion of Access to Information Act, 2000 will only be processed if the attached request form has been completed in full, signed by the relevant requester and if the applicable fees have been paid. The applicable fees indicated in Annexure "C".

**A. PARTICULARS OF PERSON REQUESTING ACCESS TO A RECORD**

Full names and surname of requester:

Identity number: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal code: \_\_\_\_\_  
Fax number: (\_\_\_\_\_) \_\_\_\_\_  
Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**B. PARTICULARS OF PERSON ON WHOSE BEHALF THE 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 of requester: \_\_\_\_\_  
Identity number: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal code: \_\_\_\_\_  
Fax number: (\_\_\_\_\_) \_\_\_\_\_  
Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Capacity in which request is made, when made on behalf of another person (i.e. parent, guardian, attorney): \_\_\_\_\_

**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, and/or the Department/person where it is held, 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 (See Annexure C)**

- (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 of R35.00** has been paid.
- (b) 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. For an indication of the fees payable, consult Annexure "C".
- (c) If you qualify for exemption of the payment of any fee, state the reason for exemption.

Reason for exemption from payment of fees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. FORM OF ACCESS TO RECORD**

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.

Disability: \_\_\_\_\_  
 \_\_\_\_\_

Alternative form in which record is required: \_\_\_\_\_  
 \_\_\_\_\_

- PLEASE NOTE:**
- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
  - (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.
  - (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

**Mark the form in which access is requested with an "X" in the appropriate box**

1. If the record is in a written or printed form:
 

<input type="checkbox"/> Copy of record	<input type="checkbox"/> Inspection of record
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2. If record consists of visual images (this includes photographs, slides, video recordings, computer generated images, sketches, etc.)
 

<input type="checkbox"/> View the images	<input type="checkbox"/> Copy of the images*	<input type="checkbox"/> Transcription of the images*
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3. If the record consists of recorded words or information which can be reproduced in sound:
 

<input type="checkbox"/> Listen to the soundtrack (audio cassette)	<input type="checkbox"/> Transcription of soundtrack* (written or printed document)
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4. If record is held on computer or in an electronic or machine-readable form:
 

<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* (stiffy or disc)
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* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?  <b>Please note: Postage is payable</b>	YES	NO
Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.		
In which language would prefer the record? _____		

**G. 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, 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 \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of requester / person on whose behalf request is made.

