

### **FORM B**

### **NOTICE OF INTERNAL APPEAL**

(Section 75 of the Promotion of Access to Information Act, 2000)
(Regulation 8)

STATE YOUR REFERENCE	
NUMBER:	

# A. PARTICULARS OF DEPUTY INFORMATION OFFICERS

Registrar: Ms Carol Crosley

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Postal Address: Private Bag 3, WITS, 2050, South Africa

## B. PARTICULARS OF REQUESTER / THIRD PARTY WHO LODGES THE INTERNAL APPEAL

- (a) The particulars of the person who lodges the internal appeal must be given below.
- (b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.
- (c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.

Full names and surname:			_
Identity number:			
Postal address:			
Postal code:			
Fax number:	()		
Telephone number:	( )	Cell number:	

and surname:
decision against which the internal appeal is lodged with an "X" in the lebox:
decision against which the internal appeal is lodged with an "X" in the elebox:
re box:
of relative settlements
efusal of request for access
ecision regarding fees prescribed in terms of section 22 of the Act
ecision regarding the extension of the period within which the request must be
ealt with in terms of section 26(1) of the Act
ecision in terms of section 29(3) of the Act to refuse access in the form
equested by the requester
ecision to grant request for access
OF APPEAL
vided space is inadequate, continue on a separate folio and attach it to this form t sign all the additional folios.
rounds on which the internal appeal is based:
)

#### F. NOTICE OF DECISION ON APPEAL

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, specify the manner and provide the necessary particulars to enable compliance with your request. State the manner: \_\_\_\_\_ Particulars of manner: Signed at this day of 20 Signature of appellant FOR OFFICE USE ONLY OFFICIAL RECORD OF INTERNAL APPEAL Appeal received on \_\_\_\_\_\_(date) by \_\_\_\_\_ (state rank, name and surname of information officer/deputy information officer.) Appeal accompanied by the reasons for the information officer's/ deputy information officer's

# **OUTCOME OF APPEAL:**

(date) to the relevant authority.

decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on \_\_\_\_\_

Decision of information officer/deputy information officer of	confirmed/new decision substituted
New decision:	
Date	Relevant Authority
Received by the information officer/deputy information off	icer from the relevant authority on (date)