BRIGHTROCK

Request for access to a record of a private body

About this form

This form is part of BrightRock's Promotion of Access to Information policy document and can be used to request access to a record of a private body as illustrated in regulation 7 of the Promotion of Access to Information Act, 2000.

BrightRock's information officer details

Authorised person	Noelene Dhani
Postal address	PostNet Suite #280 Private Bag X30500 Houghton, Gauteng, 2041
Physical address	1st Floor 165 West Street Sandton Johannesburg 2146
Telephone	0860 00 77 44
Email address	informationofficer@brightrock.co.za

You can submit the completed form by hand or via post, or email.

Details of the person requesting access to the record

We will need to verify the identity of the person requesting the information.

First name(s)

Surname

National identification number

Nationality, if you've provided a passport number

Expiry date, if you've provided a passport number D D M M Y Y Y Y

Postal address

Address line 1

Unit number | Complex name

Street number | Street name

Suburb

City

Region

Country | Postal code

30000018587

Physical address

Address line 1

Unit number | Complex name

Street number | Street name

Suburb

City

Region

Country | Postal code

Telephone

Email

Please provide the capacity in which this request is made, if made on behalf of another person:

1. Give the details of the person who requests access to the record below;
2. Attach proof of the capacity in which the request is made.

Details of the person on whose behalf the request is made

Complete this section only if you're making this request for information on behalf of another person.

First name(s)

Surname

National identification number

Nationality, if you've provided a passport number

Expiry date, if you've provided a passport number D D M M Y Y Y Y

Provide full details of the record to which you're requesting access, including the reference number, if you know it. If the space provided isn't enough, please continue on a separate document and attach it to this form. The requestor must sign all the additional documents.

Description of record or relevant part of the record:

Reference number, if available:

Any further particulars of the record:

Fees

1. A request to access a record, other than a record containing personal information about you, will be processed only after you've paid a request fee. We'll notify you of the amount you need to pay or you can refer to our 'FRM_Fees you need to pay when requesting information' form.
2. The fee you need to pay to access a record depends on the form in which access is required and the reasonable time required to search for and prepare the record.

3. If you qualify for exemption of the payment of any fee, please state the reason for this exemption.

Reason for exemption:

Form of access to a record

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

Disability

Form in which record is required

Please note the following information:

1. Compliance with your request in the specified form may depend on the form in which the record is available.
2. We may refuse access in the form requested in certain circumstances. In such a case, we'll inform you if we'll grant access in another form.
3. The fee you need to pay to access the record, if any, will be determined partly by the form in which access is requested.

Please tick the relevant option below.

If the record is in written or printed form.

Copy of record* ☐

Inspection of record ☐

If the record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.).

View the images ☐

Copy of the images* ☐

Transcription of the images* ☐

If the record consists of recorded words or information which can be reproduced in sound.

Listen to the soundtrack ☐

Transcription of soundtrack* (written or printed document) ☐

If the record is held on computer or in an electronic or machine-readable form.

Printed copy of record* ☐

Printed copy of information derived from the record* ☐

Copy in computer-readable form* (compact disc) ☐

*If you requested a copy or transcription of a record (above), do you want the copy or transcription to be posted to you? ☐ Yes ☐ No

Postage is payable.

Details of the right to be exercised or protected

If the space provided isn't enough, please continue on a separate document and attach it to this form. The requestor must sign all the additional documents.

Please indicate which right you want to exercise or protect:

Explain why you require the record to exercise or protect the right above:

We'll notify you of our decision

We will notify you in writing whether your request has been approved or denied, and if there's any fee payable for this request. If you want us to notify you through another channel, please specify the manner, and provide the necessary particulars to enable us to comply with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signature

Signed at ( ) on this ( ) day of ( ) 20 ( )

Signature of requestor or person on whose behalf the request is made