

## Request for access to record of a private body

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### About this form

This form forms 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 (Section 53(1) of the Promotion of Access to Information Act, 2000).

### BrightRock's details

Authorised person    Lindie van Wyk

Postal address        PO Box 1991  
Parklands  
2121

Physical address     1st Floor  
165 West Street  
Sandton  
Johannesburg  
2146

Telephone            0860 00 77 44

Fax                     0862 62 77 44

Email address        informationofficer@brightrock.co.za

### Details of the person requesting access to the record

First name(s)	<input type="text"/>
Surname	<input type="text"/>
National identification number	<input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>
Expiry date, if you've provided a passport number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>



Physical address

Address line 1

Unit number

Complex name

Street number

Street name

Suburb

City

Region

Country

Postal code

Telephone

Fax

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.
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 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 (audio cassette)

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\* (stiffy or 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. 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