FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

- 1. If your request is granted the—
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received
- Please use the reference number hereunder in all future correspondence. Reference number: TO: Your request dated _____, refers. You requested: Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B. OR You requested: Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) Transcription of soundtrack (written or printed document) Copy of information on flash drive (including virtual images and soundtracks) Copy of information on compact disc drive (including virtual images and soundtracks) Copy of record saved on cloud storage server To be submitted: Postal services to postal address Postal services to street address Courier service to street address Facsimile of information in written or printed format (including transcriptions) E-mail of information (including soundtracks if possible) Cloud share/file transfer Preferred language: (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) Kindly note that your request has been: Approved Denied, for the following reasons:

l. Fees payable with	regards to you			
Item		Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy				
Printed copy				
For a copy in a computer-readable form on: (i) Flash drive				
To be provided by (ii) Compact disc	·	R40.00		
If provided by requestor If provided to the requestor		R40.00 R60.00		
For a transcription of visual images per A4-size page Copy of visual images		Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio record, per A4-size		ze R24.00		
Copy of an audio record (i) Flash drive To be provided by requestor (ii) Compact disc If provided by requestor If provided to the requestor		R40.00 R40.00 R60. 00		
Postage, e-mail or any other electronic transfer:		Actual costs		
TOTAL:				
Deposit payable (i	f search exceed	ls six hours):	☐ No	
Hours of search	(amount of deposit calculated on one third of t equest)	otal amount per	
The amount must be paid in Name of Bank: Name of account holder: Type of account: Account number: Branch Code: Reference Nr: Submit proof of payment to		Bank account:		
Signed at	this	day of	20	
nformation officer				