

DEPARTMENT OF PLANNING, MONITORING AND EVALUATION

FORM A

REQUEST FOR ACCESS TO A RECORD OF A PUBLIC BODY

Section 18(1) of the Promotion of Access to Information Act, 2000 (Act 2 of 2000) [Regulation 2]

FOR DEPARTMENTAL	USE Reference number:
	me of Information Officer/Deputy Information Officer
on (date)	at (place)
Request fee (if any):	R
Deposit (if any):	R
Access fee:	R
Signature of Information	on Officer/Deputy Information Officer:
Particulars of public h	ody

Particulars of public body

The Information Officer: Mr Robert Nkuna (Director-General)

or

Deputy Information Officer for the respective DPME Branch (see Appendix 5)

The Department of Planning, Monitoring and Evaluation
Private Bag X944
Pretoria
0001
South Africa
Telephone number: +27 12 312 0203

www.pme.gov.za paia@dpme.gov.za

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

	The particulars of the person who requests access to the record must be given below. The address and/or fax number in South Africa to which the information is to be sent, must be given.
c)	Proof of the capacity in which the request is made, if applicable, must be attached.
Full r	ames and surname:
iaeni	ity number:
Posta	Il address:
Fax r	umber:
Telep	hone number:
e-ma	il address:
Capa	city in which request is made, when made on behalf of another person
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C.	PARTICULARS OF PERSON ON WHOSE BEHALF A REQUEST IS MADE
	PARTICULARS OF PERSON ON WHOSE BEHALF A REQUEST IS MADE is section must be completed ONLY if a request for information is made on behalf of another person
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Full r Ident D.	is section must be completed ONLY if a request for information is made on behalf of another person ames and surname: ity number: PARTICULARS OF RECORD Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
Full r Ident D.	is section must be completed ONLY if a request for information is made on behalf of another person ames and surname: ity number: PARTICULARS OF RECORD Provide full particulars of the record to which access is requested, including the reference number if
Full r Ident D. a) b)	is section must be completed ONLY if a request for information is made on behalf of another person ames and surname: ity number: PARTICULARS OF RECORD Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. If the provided space is inadequate, please continue on a separate folio and attach it to this form.
Full r Ident D.	is section must be completed ONLY if a request for information is made on behalf of another person ames and surname: ity number: PARTICULARS OF RECORD Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. If the provided space is inadequate, please continue on a separate folio and attach it to this form.
Full r Ident D. a) b) c)	is section must be completed ONLY if a request for information is made on behalf of another person ames and surname: ity number: PARTICULARS OF RECORD Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. 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.

3.

Any further particulars of record:

E. FEES

- 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 has been paid.
- b) You will be notified of the required amount to be paid as the request fee.
- c) The fees 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.
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption for payment of fees:									
F. FORM OF ACCESS	TO RECORI)							
If you are prevented by a di 1 to 4 below, state your disc						ess provid	ded for in		
Mark the appropriate box	with an X.								
Disability		Forn	n in which	record	is required				
 a) Compliance with your record is available. b) Access in the form req informed if access will c) The fee payable for ac is requested. 	uested may l be granted l	be refused in a	certain circ m.	umstanc	es. In such a cas	e you wi	II be		
1. If the record is in written	n or printed	form:							
Copy of record	I	Inspection of record							
If a record consists of vision generated images, sketch		(including pho	tographs,	slides, vi	deo recordings, o	compute	r-		
View the images	Сору о	f the images		Tran	script of the ima	ges			
3. If record consists of reco	orded words	or informatio	n which ca	ın be rep	roduced in soun	d			
Listen to the soundtrack	/ or audio ca	ACCOTTO :	ranscriptio locument)	on of sou	ndtrack* (writte	en or prir	nted		
4. If record is held on com	outer or in a	n electronic o	r machine-	readable	e form:				
Printed copy of record Printed copy of derived from th					Copy of compure	ter			
Note that if the record is no in which the record is availa		the language	e you prefe	r, access	may be granted	in the la	nguage		
If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?							NO		

5. In which language would you prefer the record?

G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified whether your request has been approved/ or denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your reque							
How would you prefer to b	e informed of the decision re	egarding your request for a	access to the record?				
Signed at	this	day of	20				
Signature of requester/ or	person on whose behalf the	request is made.					