



telecommunications  
& postal services

Department:  
Telecommunications and Postal Services  
**REPUBLIC OF SOUTH AFRICA**

## **PAIA APPLICATION FORM**

### **REQUEST FOR ACCESS TO RECORDS OF THE DEPARTMENT OF TELECOMMUNICATIONS AND POSTAL SERVICES**

(Section 18(1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000)

**[Regulation 10]**

#### **A. Particulars of the Department of Telecommunications and Postal Services('the Department')**

Physical address: 1166 Park Street, iParioli Office Park

Hatfield

Pretoria

Postal address: The Director-General

P/Bag x860

Pretoria

0001

**B. Particulars of person requesting access to the record**

- (a) *The particulars of the person who requests access to the record must be given below.*
- (b) *The address and/or fax number in the Republic 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.*
- d) *Reasons for accessing records*

Full names and surname: .....

Identity number: .....

Postal address: .....

Fax number: .....Telephone number: .....

E-mail address: .....

Reasons for accessing records:

.....  
.....  
.....

**C. Particulars of person on whose behalf request is made**

*This section must be completed ONLY if a request for information is made on behalf of another person.*

Full names and surname: .....

Identity number: .....

Postal address: .....

Fax: .....Tel: .....

Email: .....

Capacity in which request is made, when made on behalf of another person:

.....

.....

**D. Particulars of record**

(a) *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.*

(b) *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.***

**1. Description of record or relevant part of the record:**

.....

.....

.....

2. Reference number, if available:

.....

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 amount required to be paid as the request fee.*
- (c) *The **fee 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 from payment of fees: .....

.....

.....

.....

.....

**F. 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 in 1 to 4 hereunder, state your disability and indicate in which form the record is required.*

Disability:	Form in which record is required:
<p>Mark the appropriate box with an <b>X</b>.</p> <p><b>NOTES:</b></p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	

**1. If the record is in written or printed form:**

<input type="checkbox"/> copy of record*	<input type="checkbox"/> inspection of record
--	---

**2. If record consists of visual images**

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):

<input type="checkbox"/> view the images	<input type="checkbox"/> copy of the images*	<input type="checkbox"/> 3. transcription of the images*
--	--	--

**3. If record consists of recorded words or information which can be reproduced in sound:**

<input type="checkbox"/> listen to the soundtrack (audio cassette)	<input type="checkbox"/> transcription of soundtrack* (written or printed document)
--	--

<b>4. If record is held on computer or in an electronic or machine-readable form:</b>				
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 wish the copy or transcription to be posted to you?  <b>Postage is payable.</b>			YES	NO

**G. Particulars of right to be exercised or protected**

*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.***

- Indicate which right is to be exercised or protected: .....
- Explain why the record requested is required for the exercise or protection of the aforementioned right: .....

**H. Notice of decision regarding request for access**

*You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

How would you prefer to be informed of the decision regarding your request for access to the record? E.g. by fax/email/post and give particular information.

.....

Signed at this day .....of(month)..... 20-----

-----

SIGNATURE OF REQUESTER / PERSON

ON WHOSE BEHALF REQUEST IS MADE