



ACCESS TO INFORMATION REQUEST FORM

SCREENING AND VETTING

Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)
[Regulation 10]

1. PARTICULARS OF PRIVATE BODY

Requests can be submitted either per hand, via conventional mail, or e-mail, and should be addressed to the relevant contact person as indicated below:

Name of Body: OROCORP (PTY) LTD
For attention: Riaan Liebenberg (CEO) Head of the Private Body and Information Officer

Physical Address: 821 Oudshoorn Street, Wingate Park, 0181, Pretoria Gauteng, Republic of South Africa

Postal Address: P.O. Box 65154, Erasmusrand, 0165, Pretoria, Gauteng, Republic of South Africa.

Email address: ceo@orocorp.co.za

2. PARTICULARS OF REQUESTER (If a Natural Person)

- (a) Particulars of the person who requests access to the record must be recorded below.
- (b) Furnish a postal address and/or an email address and/or fax number in the Republic to which information must be sent.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.



PARTICULARS OF REQUESTER (If a Natural Person)

FULL NAMES AND SURNAME	IDENTITY NUMBER
POSTAL ADDRESS & CODE	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER



PARTICULARS OF REQUESTER (If a Legal Entity)

- (a) Particulars of the entity that requests access to the record must be recorded below.
- (b) Furnish a postal address and/or an email address and/or fax number in the Republic to which information must be sent.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Name of entity: _____

Registration number: _____

Postal address: _____

Postal code: _____

Phone number: _____

Fax number: _____

Email address: _____

3. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

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

Full names and surname: _____

Identity number: _____



4. PARTICULARS OF RECORD

- (a) Provide full particulars of the record to which access is requested, including the reference number if it 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.

Description of record or relevant part of the record:

REFERENCE NUMBER IF AVAILABLE:

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ANY FURTHER PARTICULARS OF RECORDS:

5. FEES

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a non-refundable request fee of R50-00 has been paid per request.
- (b) 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 the record.
- (c) You will be notified of the required amount to be paid as the access fee.
- (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:

6. FORM OF ACCESS TO RECORD



Form in which record is required. Mark the appropriate box with an X

NOTES:

- (a) Compliance with your request in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused under certain circumstances. In such a case you will be informed whether access will be granted in another form.
- (c) The fee payable for access to record, if any, will be determined partly by the form in which access is requested.

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

Copy of record* Inspection of record

2. If 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*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack Transcription of soundtrack*
(compact disc) (written or printed document)

4. 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
(Memory stick 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? (NB: Postage is payable)

Yes No

* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be e-mailed to you? (NB: depending on the volume, e-mail transmission may not be possible)



Yes

No

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. (Cost of translation may be payable)

In which language would you prefer the record?

7. IN THE EVENT OF DISABILITY

If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for above, state your disability and indicate in the form in which the record is required.

State form of Disability:

Form _____ in _____ which _____ record _____ is required: _____

8. 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.

1. Indicate which right is to be exercised or protected:

2. Explain why the record requested is required for exercise or protection of the aforementioned right:



9. 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?

Signed at _____ this _____ day of _____ 20 _____

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

