

SEKRETARI (PTY) LTD

Registration Number: 1999/027496/07

FORM 3

**OUTCOME OF REQUEST
AND OF FEES PAYABLE**

**IN TERMS OF REGULATION 8 OF
THE PROMOTION OF ACCESS TO INFORMATION ACT 2 OF 2000**

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.
2. Please use the reference number hereunder in all future correspondence.

Reference Number:	
Request Date:	
To:	

1. 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.
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OR

2. 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 record saved on cloud storage server

3. TO BE SUBMITTED

☐	Postal services to postal address
☐	Postal services to street address
☐	Courier service to street address
☐	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)

4. FEES PAYABLE WITH REGARDS TO YOUR REQUEST			
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 requestor	R40		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record: (i) Flash drive • To be provided by requestor	R40		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

5. DEPOSIT PAYABLE			
☐	Yes	☐	No
Hours of Search:			
Amount of deposit:(calculated on one third of total amount per request)			
The amount must be paid into the following bank account:			
Name of Bank:			
Name of Account Holder:			
Type of Account:		Reference Nr:	
Account number:		Branch Code:	
Submit prrof of payment to:			

Signed at _____ on this _____ day of _____
LOCATION DAY MONTH YEAR

Signed by _____
INFORMATION OFFICER