

ANNEXURE 1

REQUEST FOR ACCESS TO RECORD OF ROKWIL (PTY) LTD

A. Particulars of Company Information Officer

Designation Chief Executive Officer
Address 8 Bishops Court, Warrior Road, Hillcrest, 3630
Contact details (031) 003 0896

B. Particulars of person requesting access to the record

Full name and surname
Postal address to which information must be sent
Identity number
Telephone number
Email address
Capacity in which request is made, when made on behalf of another person (<i>attach proof of the capacity in which the request is made</i>)

C. Particulars of person on whose behalf request is made (*to be completed if request for information is made on behalf of another person*)

Full name and surname
Identity number

D. 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 space is below is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.

Description of record or relevant part of the record
Reference number, if available
Any further particulars of the record

E. Fees

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.

You will be notified of the amount to be paid.

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.

If you qualify for exemption of the payment of any fee, please state the reason below.

Reason for exemption from payment of fees

F. Form of access to record

If you are prevented by a disability to read, view or listed to the record in the form of access provided in 1 to 4 below, state your disability and indicate in which form the record is required.

Disability
Form in which record is required

Notes:

Your indication as to the required form of access depends on the form in which the record is available.

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.

The fee, if any, payable for access to the record will be determined partly by the form in which access is requested.

Mark the appropriate box with an "X"

1. If the record is in written or printed form			
<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
2. If the record consists of visual images (this includes photographs, slides, video recordings, sketches, etc.)			
<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	Transcription of the images*
3. If the 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 document)
4. If the record is held on computer or in an electronic or machine-readable form			
<input type="checkbox"/>	Printed copy of record	<input type="checkbox"/>	Printed copy of information derived from record*
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer readable form* (CD)

* If you requested a copy of transcription of a record above, do you wish the copy or transcription to be posted to you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please note that a postal fee is payable.			

G. Particulars of right to be exercised or protected

If the space below is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected
Explain why the requested record is required for the exercising 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 thereof 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