

FORM 3
OUTCOME OF REQUEST AND OF FEES PAYABLE
[Regulation 8]

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: _____

To: _____

Your request dated _____ refers.

1. You requested:

Personal inspection of information at Agulhas’s registered address (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 prescribed fees.	
--	--

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 information on compact disk 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	
Facsimile of information in written or printed format (including transcriptions)	
Email 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)	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost (A4 size page or part thereof / item)	Number of pages / items	Total
Photocopy			
Printed copy			
For a copy in a computer readable form on: (a) Flash drive (to be provided by requestor) (b) Compact disk - If provided by requestor - If provided to the requestor	R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page Copy of visual images	Service to be outsourced. Cost dependent on quotation received from service provider.		
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record: (a) Flash drive (to be provided by requestor) (b) Compact disk - If provided by requestor - If provided to the requestor	R40.00 R40.00 R60.00		
Postage, e-mail or any other electronic transfer	Actual costs		
Total			

5. Deposit payable (if search exceeds six hours):

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:

Account Number:

Branch Code:

Reference Number:

Submit proof of payment to:

Signed at _____ on this the _____ of _____ 20__.

Information Officer