PRESCRIBED FORM TO BE COMPLETED BY A REQUESTER

FORM 2

REQUEST FOR ACCESS TO RECORD
[Regulation 7]

NOTE:
1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

TO:
The Information Officer

Email: privacy@nexeo.co.za

*Mark with an **"X"***

☐ Request is made in my own name. ☐ Request is made on behalf of another person.

PERSONAL INFORMATION

Full Names:		
Identity Number:		
Capacity in which request is made (when made on behalf of another person):		
Postal Address:		
Physical Address:		
Email Address:		
Contact Numbers:	Tel. (B):	
	Cellular:	
Full names of person on whose behalf request is made (if applicable):		
Identity Number:		
Postal Address:		

Physical Address:		
Email Address:		
Contact Numbers:	Tel. (B):	
	Cellular:	

PARTICULARS OF RECORD REQUESTED

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 provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)*

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

TYPE OF RECORD (mark the applicable box with an X)

1. Record is in written or printed form. ☐
2. Record comprises virtual images (including photographs, slides, video recordings and computer-generated images, sketches, etc). ☐
3. Record consists of recorded words or information which can be reproduced in sound. ☐
4. Record is held on a computer or in an electronic format. ☐

FORM OF ACCESS (mark the applicable box with an X)

1. Printed copies of the information (including copies of virtual images, transcriptions and information held in electronic form). ☐
2. Written or printed transcription of virtual images (including photographs, slides, video recordings, computer generated images and sketches). ☐
3. Transcription of a soundtrack (written or printed document). ☐
4. Copies of information on a flash drive (including virtual images and soundtracks). ☐
5. Copies of information on a compact disk (CD) (including virtual images and soundtracks). ☐
6. Copy of record stored on a cloud storage server. ☐

MANNER OF ACCESS (mark the applicable box with an X)

1. Personal inspection of information at the registered address of Momentum Group (including listening to recorded words, information which can be reproduced in sound or information held on a computer or in electronic format). ☐
2. Postal service to postal address. ☐
3. Courier service to street address. ☐
4. Email of information (*including soundtracks if possible)*. ☐
5. Cloud share/ file transfer. ☐

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

Yes ☐ No ☐

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 said right:

FEES

- A request for access to a record, other than a record containing personal information about you, will be processed only after a request fee has been paid.
- You will be notified of the amount to be paid as a request fee.
- The fee payable for access to a record depends on the form in which access is required and the time reasonably required to search for and prepare a record.
- If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

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 advised 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 _____

_____
Signature of requester/person on whose behalf request is made.

FOR OFFICIAL USE

Reference number:	
Request received by: *(State Rank, Name and Surname of Information Officer)*	
Date received:	
Access fees:	
Deposit (if any):	

_____ _____

Signature of Information Officer Date

Name and Surname: _____