

**FORM B**

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

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

**[Regulation 10]**

**A. Particulars of private body**

**The Information Officer**

**De Doorns Wine Cellar Co-operative Limited** (and subsidiaries)

**Telephone Number:** 023 356 2100

**Fax Number:** 086 579 1310

**Physical Address:**

Kelder Street

De Doorns

6875

**Postal Address:**

PO Box 129

De Doorns

6875

**E-mail:** ddwk@hexvallei.co.za

**Website Address:** www.dedoornscellar.co.za

**B. Particulars of person requesting access to the record**

- (a) *The particulars of the person who requests access to the record must be given below.*
- (b) *The address and/or fax number in the Republic to which the information is to be sent must be given.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: .....

Identity Number: .....

Postal address: .....

Fax number: ..... Telephone number: .....

E-mail address: .....

Capacity in which request is made, when made on behalf of another person:

.....

**C. Particulars of person on whose behalf request is made**

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

Full names and surname: .....

Identity Number: .....

**D. Particulars of record**

- (a) *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.*
- (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.***

**1. Description of record or relevant part of the record:**

.....  
 .....  
 .....  
 .....

**2. Reference number, if available:**

.....

**3. Any further particulars of record:**

.....  
 .....  
 .....

**E. Fees**

- (a) 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.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) 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.
- (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:

.....  
 .....  
 .....

**F. Form of access to record**

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

Disability: ..... ..... .....	Form in which record is required: ..... ..... .....
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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 in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

<b>1.</b>	<b>If the record is in written or printed form:</b>			
	Copy of record *		Inspection of record	
<b>2.</b>	<b>If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)			
	View the images		copy of the images*	Transcription

<b>3.</b>	<b>If record consists of recorded words or information which can be reproduced in sound:</b>			
	Listen to the soundtrack (audio cassette)		Transcription of soundtrack* (written or printed document)	
<b>4.</b>	<b>If record is held on computer or in an electronic or machine-readable form:</b>			
	Printed copy of record*		Printed copy of information derived from the record*	Copy in computer readable form* (stiffy or compact disk)
*	If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>Postage is payable</b>			YES      NO

**G. Particulars or 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 the exercise 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 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