

## ANNEXURE A TO INFORMATION MANUAL

### REQUEST FOR ACCESS TO A RECORD OF BOSCH ASSURANCE BROKERS

#### REQUEST FOR ACCESS TO RECORD OF A PRIVATE BODY

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

#### (Regulation 4)

##### 1. PARTICULARS OF PRIVATE BODY

Postal address	Physical address	Contact details	
<i>The Information Officer</i>	54 Rae Frankel Street	Tel no:	(011) 867 0104
PO Box 146350	Brackenhurst	Fax no:	(011) 867 0341
Brackenhurst	Alberton	Email:	info@boschins.co.za
1452	Gauteng	Website:	www.boschins.co.za
	1452		

##### 2. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

<input type="checkbox"/> The particulars of the person who requests access to the records must be recorded below.			
<input type="checkbox"/> Furnish an address and/or fax number in the Republic of South Africa to which information must be sent.			
<input type="checkbox"/> Proof of the capacity in which the request is made, if applicable, must be attached.			
Full names and surname			
Identity number			
Postal address			
Telephone number		Fax number	
Email address			
Capacity in which request is made, when made on behalf of another person			

##### 3. 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	

##### 4. PARTICULARS OF RECORD

<input type="checkbox"/> 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.
<input type="checkbox"/> If the space provided is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

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

**4.1 Fees**

<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ You will be notified of the amount required to be paid as the request fee.</li> <li>○ 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.</li> <li>○ If you qualify for exemption of the payment of any fee, please state the reason therefore.</li> </ul>
Reason for exemption from payment of fees

**4.2 Form of access to record**

If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for hereunder, state your disability and indicate in which form the record is required.

Disability	Form in which record is required

Mark the appropriate box with an X

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

If the record is in written or printed form:			
<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
If record consists of visual images: (This includes photographs, slides, video recordings, computer-generated images, 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*
If 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 or printed document)
If 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 the record*
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer-readable form* (flash or compact disc)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable.			<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. 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 requested record is required for the exercising or protection of the aforementioned right


**6. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing whether your request has been approved or 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

