



## 1.1 Form C: Request for Access to Information

### Form C

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 Head:

#### 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:

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**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.

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<b>1. If the record is in written or printed form:</b>		
copy of record*	inspection of record	
<b>2. If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):		
copy of the view the images	images*	transcription of the images*
<b>3. 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. 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 disc)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?		YES NO
<b>Postage is payable.</b>		

**G. 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.*

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

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