

ANNEXURE A

REQUEST FOR ACCESS TO RECORDS

of the

SOUTH AFRICAN WEATHER SERVICE

(SAWS)

Section 18 (1) of the Promotion of Access to Information Act, 2000

(Act 2 of 2000)

(Regulation 6)

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1. SAWS PARTICULARS:

Contact Numbers:

- a) Head Office : 012 367 6000
- b) Information Officer : 012 367 6000
- c) Fax Number : 012 367 6175

2. ADDRESSES:

- a) E-mail Address: info2@weathersa.co.za

- b) **Physical Address:** Bolepi House
442 Rigel Avenue South
Erasmusrand
PRETORIA
0181

- c) **Postal Address:** Private Bag X 097
Pretoria
0001
South Africa

3. Particulars of Person Requesting Access to Records:

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 must be sent, must be given:		
3.1	Full Names and Surname	
3.2	Identity Number	
3.3	Postal Address	
3.4	Fax Number	
3.5	Telephone Number	
3.6	e-mail Address	
3.7	Capacity in which request is made, when made on behalf of another person	

4. 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.		
4.1	Full Names and Surname	
4.2	Identity Number	

5. Particulars of Record:

<p>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.</p> <p>b) If the provided space is inadequate, please continue on a separate folio, and attach it hereto:</p>		
5.1	Description of Record or relevant part of the Record	
5.2	Reference Number, if available	
5.3	Any further particulars of Record	

6. 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.

<p>In your opinion, please state your reason for exemption from payment of Fees</p>	
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7. Form of Access to Record:

<p>If you are prevented by a disability to read, view or listen to the Record in the form of access provided for in 1 – 4 below, state your disability and indicate in which form you would prefer to receive your information.</p>	
<p><u>Disability:</u></p>	<p><u>Form in which record is required:</u></p>

Mark the appropriate box with an "X"

NOTES:

- a. Compliance with your request for access 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 required.

7.1 If the Record is in written or printed form:

Copy of Record

Inspection of Record

8. 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 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?

9. Signature:

Signed at _____ this _____ day of _____ 20_____

Signature of Requester / Person on who’s behalf Request is made

FOR OFFICIAL USE

Reference No. _____

Request received by: _____
(state rank, name and surname of Information Officer / Deputy Information Officer on

(date) _____ at _____ (place)

Request Fee (if any) : _____

Deposit (if any) : _____

Access Fee : _____

Signature of INFORMATION OFFICE / DEPUTY INFORMATION OFFICER