

Comien Niehaus Tel: +27 83 697 2010

Email: <u>comien@niehausproperties.co.za</u> Head Office: 105 New Eskdale Street, Suider Paarl, 7646

# FORM 2- REQUEST FOR ACCESS TO INFORMATION

# As required by Regulation 7 of PAIA

# Note:

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

#### To:

The Organisation	K2015014720 SA Pty Ltd -Trading as Niehaus Eiendomme	
The Information Officer	Comien Niehaus	
Address	105 New Eskdale Street, Suider Paarl	
Email address	comien@niehausproperties.co.za	
Request is made (mark with an X):	in the requester's own name on behalf of another person	
Capacity - should the request be made on behalf of another person		

# **Personal Information**

Full names		
Identity number		
Postal address		
Street address		
Email address		
		Initial

1

Cellphone number	Home telephone number	
------------------	--------------------------	--

# Only to be completed if the request is made on behalf of another person

Full names of other person		
Identity number		
Postal address		
Street address		
Email address		
Cellphone number	Home telephone number	

# Particulars of requested record

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		

#### 3

Type of record (mark the applicable with an X)

Record is in written or printed form

Record comprises virtual images (this includes photographs, slides, video recordings, computergenerated images, sketches, etc.)

Record consists of recorded words or information which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

4 **Form of access** (mark the applicable with an **X**)

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

Manner of access (mark the applicable with an X)

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)

Postal services to postal address

Postal services to street address

Courier service to street address

Facsimile of information in written or printed format (including transcriptions)

E-mail of information (including soundtracks if possible)

Cloud share/file transfer

Preferred

language

(please complete with an official language of the Republic)

(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)

#### Particulars of right to be exercised or protected

Indicate which right is to be exercised or protected

Explain why the record requested is required for the exercise or protection of the aforementioned right

6

5

7

8

(a) An access or request fee must be paid before the request will be considered.

(b) the requester will be notified of the amount of the access fee to be paid.

(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.

# If you qualify for exemption of the payment of any fee, please state the reason for exemption

#### Manner of correspondence

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence.

|--|

#### 9 Requester / representative signature

DATED AT (place)	ON	20	
------------------	----	----	--

# **REQUESTER / REPRESENTATIVE SIGNATURE**

#### 10 Confirmation of receipt for official use

Reference number	
Information Officer	
Date received	
Access fees	
Deposit (if any)	

#### INFORMATION OFFICER SIGNATURE



Comien Niehaus Tel: +27 83 697 2010

Email: <u>comien</u>@niehausproperties.co.za Head Office: 105 New Eskdale Street, Suider Paarl, 7646

# FORM 3 - OUTCOME OF REQUEST AND OF FEES PAYABLE

# As required by Regulation 8 of PAIA

# Note:

1. If your request is granted the-

(a) amount of the deposit, (if any), is payable before your request is processed; and

(b) requested record/portion of the record will only be released once proof of full payment is received.

2. Please use the reference number hereunder in all future correspondence.

# To:

The Requestor	K2015014720 SA Pty Ltd – trading as Niehaus Eiendomme
Address	105 New Eskdale Street, Suider Paarl
Email address	Comien@niehausproperties.co.za
Reference Number	

1

2

# You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

# OR

# You requested:

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

# To be submitted:

Postal services to postal address		
Postal services to	street address	
Courier service to street address		
E-mail of information (including soundtracks if possible)		
Cloud share/file transfer		
Preferred language	(please complete with an official language of the Republic)	
Aleta that if the record is not evolution in the language you profer, access may be grapted in the language in which		

(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)

Kindly note that your request has been:	Approved	Denied
If denied, state reasons below:		

# Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer- readable form on: (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images	Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio record, per A4-size	R24.00		

4

Copy of an audio record (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00
Postage, e-mail or any other electronic transfer:	Actual costs
TOTAL:	R
Deposit payable (if search exceeds six Yes hours)	Νο
Hours of search	Amount of deposit (calculated on one third of total amount per request)

# The amount must be paid into the following Bank account:

Name of account holder	
Name of bank	
Type of account	
Account number	
Branch code	
Reference number	
Submit proof of payment to	

DATED AT (place)

ON

20

Information Officer