



PROMOTION OF ACCESS TO INFORMATION ACT MANUAL

A copy of the manual will be available for inspection at IMPERIAL Holdings Head Office and is available on the company website at www.ih.co.za

INTRODUCTION

The Promotion of Access to Information Act, 2 of 2000 (“the Act”) was enacted on 3 February 2000. The purpose of this legislation is to address Section 32(2) of the Constitution, which provides that any person has a right to gain access to any information held by a public or private body. If the record is requested from a private body the requester needs to prove that the record is required for the exercise or protection of a right.

One of the main requirements specified in the Act is the compilation of a manual by 28 February 2003 that provides information on both the types and categories of records held by the public or private body. In terms of the Act a private body includes any former or existing juristic person. Therefore IMPERIAL Holdings Limited is regarded as a “private body” and both the manual and requirements regarding access must be in compliance with the provisions of the Act relevant to private bodies.

This document serves as the IMPERIAL Holdings Limited and its subsidiaries manual in terms of the Act to provide a reference as to the records held and the process that needs to be followed to request access to such records.

COMPANY OVERVIEW

IMPERIAL Holdings Limited (hereinafter referred to as “IMPERIAL” or “the Group”) was established in 1946 as a single service station in Johannesburg. It has since grown into a large diversified, yet focused group. The Group is involved in the wider transportation and mobility markets in Southern Africa and more recently Europe and the United Kingdom. The Group’s activities in these markets encompass a wide range of related sales and services, including car rental and tourism, transportation and trucking, vehicle and forklift leasing, logistics and fleet management outsourcing, vehicle importation and distribution, aviation sales and leasing and a comprehensive related financial services arm supplying banking and short-term and life insurance product to these markets.

SCOPE OF THE MANUAL

The scope of this manual will exclude IMPERIAL operations outside the borders of the Republic of South Africa and will serve to provide a reference regarding the records held by the following South African operating divisions of the Group.

- IMPERIAL Head Office
- Insurance
- Leasing and fleet management
- Aviation leasing
- Logistics
- Car rental and tourism
- Distributorships
- Motors vehicle dealerships

ADMINISTRATION OF THE ACT

The Chief Executive Officer (CEO) of the Group has duly authorised the contact person as detailed per division below to ensure that the requirements of the Act are administered in a fair, objective and unbiased manner.

GUIDE FOR REQUEST ON HOW TO USE THE ACT

The Human Rights Commission (HRC) is responsible for compiling a guide that will facilitate ease of use of the Act for requester. The Guide will be available from the South African Human Rights Commission, by no later than August 2003. Please direct any queries to:

The South African Human Rights Commission
PAIA Unit
The Research and Documentation Department
Postal address: Private Bag X2700, Houghton, 2041
Phone number: +27 (11) 484-8300
Fax number: +27 (11) 484-0582
Email: PAIA@sahrc.org.za
Website: www.sahrc.org.za

AUTOMATIC AVAILABILITY OF CERTAIN RECORDS

Records lodged in terms of Government requirements with various statutory bodies, including the Registrar of Companies.

RECORDS AVAILABLE IN ACCORDANCE WITH OTHER LEGISLATION

Records are available in accordance with the following legislation:

- Atmospheric Pollution Prevention Act No. 45 of 1965;
- Aviation Act No. 74 of 1962;
- Basic Conditions of Employment Act No. 75 of 1997;
- Companies Act No. 61 of 1973;
- Compensation of Occupational Injuries and Health Diseases Act No.130 of 1993;
- Consumer Affairs Act No. 71 of 1988;
- Copyright Act No. 98 of 1978;
- Credit Agreements Act No. 75 of 1980;
- Currency and Exchanges Act No. 9 of 1933;
- Customs and Excise Act No. 91 of 1964;
- Employment Equity Act No. 55 of 1998;
- Financial Advisory and Intermediary Services Act No. 37 of 2002;
- Financial Intelligence Center Act No. 38 of 2001
- Financial Markets Control Act No. 55 of 1989;
- Harmful Business Practices Act No. 23 of 1999;
- Hazardous Substances Act No. 15 of 1973;
- Health Act No. 63 of 1977;
- Income Tax Act No. 58 of 1962;
- Insolvency Act No. 24 of 1936;
- Insurance Act No. 27 of 1943;
- Intellectual Property Laws Amendments Act No. 38 of 1997;
- Labour relations Act No 66 of 1995;
- Land Survey Act 8 of 1997;
- Long Term Insurance Act No. 52 of 1998;
- Medical Schemes Act No. 131 of 1998;
- Mutual Banks Act No.124 of 1993;
- National Payment Systems Act No. 78 of 1998;
- Occupational Health and Safety Act No.85 of 1993;
- Pension Fund Act No. 24 of 1956;
- Prescription Act No. 68 of 1969;
- Professional Engineers Act No. 81 of 1968;
- Protection of Businesses Act No. 99 of 1978;
- Regional Services Councils Act No. 109 of 1985;
- Road Transport Act No. 74 of 1977;
- Second Hand Goods Act No. 23 of 1955;
- Short Term Insurance Act No. 53 of 1998;
- Skills Development Levies Act No. 9 of 1999;
- Skills Development Act No. 97 of 1998
- Stamp Duties Act No. 77 of 1968;
- Stock Exchange Control Act No. 1 of 1985;
- Trade Marks Act No. 194 of 1993;
- Unemployment Contributions Act No. 4 of 2002

- Unemployment Insurance Act No. 30 of 1966;
- Usury Act No. 73 of 1968;
- Value-Added Tax Act No. 89 of 1991;

RECORD SUBJECT AND CATEGORIES – IMPERIAL HOLDINGS HEAD OFFICE

The IMPERIAL Holdings Head Office maintains financial and management accounts, provides tax advice on all aspects of taxation and performs company secretarial services to the Group. The main categories of records maintained by IMPERIAL Holdings Head Office are as follows:

- Statutory Records
- Administrative Records
- Transactional Documents
- Departmental Administration Records
- Quoted Company Records
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- Patents & Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

Contact person:	Mr Rohan Venter
Postal address:	P.O. Box 3013, Edenvale, 1610
Physical address:	IMPERIAL Place, Jeppe Quondam, 79 Boeing Road East, Bedfordview, 2008
Phone Number:	+27 (11) 372 6500
Fax Number:	+27 (11) 372 6550

RECORD SUBJECT AND CATEGORIES – INSURANCE DIVISION

The Insurance Division comprises of Regent Insurance Company Limited and Regent Life Assurance Company Limited. The Insurance Division records comprise the following main categories.

- Statutory Records
- Administrative Records
- Research Records
- Transactional Documents
- Long Term Insurance Actuarial Records
- Departmental Administration Records
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Trademarks
- Long Term Insurance documentation and Returns
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records
- Financial Services Board Records and Correspondence
- Registrar of Insurance Correspondence
- Life Offices Association Records and Correspondence
- System Records
- Long Term Insurance Products Related Records
- Certificates
- Reinsurance Treaties
- Broker Suretyships

Regent Insurance Company Limited

Contact person: Hennie van Staden
Postal address: P O Box 674, Edenvale, 1610
Physical address: 146 Boeing Road, Elma Park, Edenvale, 1609
Phone Number: +27 (11) 879 5000
Fax Number: +27 (11) 453 1122

Regent Life Assurance Company Limited

Contact person: Stefanie Stuart
Postal address: P O Box 4155, Edenvale, 1610
Physical address: 16 Ernest Oppenheimer Road Bruma, Johannesburg, 2001
Phone Number: +27 (11) 607 0608
Fax Number: +27 (11) 615 4629

RECORD SUBJECT AND CATEGORIES – LEASING AND FLEET MANAGEMENT DIVISION

The Leasing and Fleet Management Division comprises of IMPERIAL Fleet Services and related companies and Saficon Industrial Equipment and related companies. The Leasing and Fleet Management Division records comprises the following main categories.

- Statutory Records
- Administrative Records
- Government Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents & Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

IMPERIAL Fleet Services (Pty) Ltd, RTG Fleet Services (Pty) Ltd, Pemberley Fleet Services (Pty) Ltd, Ukhamba Fleet Services a division of Ukhamba Investment (Pty) Ltd, Amasondo Fleet Services (Pty) Ltd, Cattle Egret (Pty) Ltd trading as IMPERIAL Fleet Services Eastern Cape, Hyper Car, Fleet Support Services (Pty) Ltd.

Contact person: Chris Du Toit
Postal address: P O Box 1049, Isando, 1600.
Physical address: 9 Brewery Road Isando, 1600.
Phone Number: +27 (11) 977-8000
Fax Number: +27 (11) 977-8306

Saficon Industrial Equipment and related companies

Contact person: Mark Whyte
Postal address: PO Box 982, Isando, 1600
Physical address: 11 Gross Street, Tunney Industrial Estate, Elandsfontein,
Phone Number: +27 (11) 974-2721
Fax Number: +27 (11) 974-7227

RECORD SUBJECT AND CATEGORIES – AVIATION LEASING DIVISION

The Aviation Leasing Division comprises of SAFAIR and related companies and NAC and related companies. The Aviation Leasing Division records comprise the following main categories.

- Statutory Records
- Administrative Records
- Government Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents & Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

SAFAIR and related companies

Contact person: Elmar Conradie
Postal address: P O Box 938, Kempton Park, 1620.
Physical address: Bonaero Drive, Bonaero Park, 1619.
Phone Number: +27 (11) 928-0071
Fax Number: +27 (11) 395-1315

NAC and related companies

Contact person: Hennie Smit
Postal address: P O Box 293 Lanseria Airport, Lanseria, 1748
Physical address: Hangar 104C, Lanseria Airport, Lanseria, 1748
Phone Number: +27 (11) 267-5553
Fax Number: +27 (11) 267-5054

RECORD SUBJECT AND CATEGORIES – LOGISTICS DIVISION INCLUDING ALL THE SUBSIDIARY COMPANIES

The Logistics Division comprises of IMPERIAL Logistics Transport and Warehousing, IMPERIAL Logistics Consumer Products, IMPERIAL Logistics Specialised Freight, IMPERIAL Logistics Integration Services, IMPERIAL Logistics Africa and IMPERIAL Logistics International Divisions, The Logistics Division records comprises the following main categories.

- Statutory Records
- Administrative Records
- Government Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents & Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

IMPERIAL Logistics

Contact person: Greg Hocking
Postal address: PO Box 75143, Garden View, 2047
Physical address: Goldfields Logistics Park, 10 Refinery Road, Driehoek, Germiston.
Phone Number: +27 (11) 821 5500
Fax Number: +27 (11) 873 1874

RECORD SUBJECT AND CATEGORIES – CAR RENTAL AND TOURISM DIVISION

The Car rental and tourism Division comprises of IMPERIAL Car Rental, Tempest-Sixt Car Hire, Europcar, Khaya Car Hire and Swans Rent A Car, Auto Pedigree, Springbok Atlas, Grosvenor Tours, Atlas Tours Management, Eastgate Safaris and Transfers, Gold Reef Guides, IMPERIAL Chauffeur Drive, Tourism Holdings Rental S.A. (Pty) Ltd trading as Maui Britz, Executive Carports, Car Hire Brokers, Royal Administrators (Pty) Ltd, Auto-Holidays (Pty) Ltd, IMPERIAL Auto Body, IMPERIAL Panelshops and Tourism Investment Corporation Limited. The Car rental and tourism Division records comprise the following main categories.

- Statutory Records
- Administrative Records
- Government Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Quoted Company Records
- Tax Records
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents & Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

IMPERIAL Car Rental, Tempest-Sixt Car Hire, Europcar, Khaya Car Hire and Swans Rent A Car, Auto Pedigree, Springbok Atlas, Grosvenor Tours, Atlas Tours Management, Eastgate Safaris and Transfers, Gold Reef Guides, IMPERIAL Chauffeur Drive, Tourism Holdings Rental S.A. (Pty) Ltd trading as Maui Britz, Executive Carports, Car Hire Brokers, Royal Administrators (Pty) Ltd, IMPERIAL Auto Body, IMPERIAL Panelshops

Contact person: Nico Bell
Postal address: P O Box 2217, Edenvale, 1610
Physical address: 5 Boeing Road East, Elma Park
Phone Number: +27 (11) 458 7671
Fax Number: +27 (11) 458 7682

Auto-Holidays (Pty) Ltd

Contact person: Rosemary Moss
Postal address: PO Box 2139, Rivonia, 2128
Physical address: 356 Rivonia Boulevard, Rivonia, Sandton, 2128
Phone Number: +27 (11) 234-0597
Fax Number: +27 (11) 234-0634

Tourism Investment Corporation Limited

Contact person: C Mortimer
Postal address: PO Box 32066, Braamfontein, 2017
Physical address: Forum V, Braampark, 33 Hoofd Street, Braamfontein, 2017
Phone Number: +27 (11) 339 6044
Fax Number: +27 (11) 339 6444

RECORD SUBJECT AND CATEGORIES – DISTRIBUTORSHIPS DIVISION

The Distributorships Division comprises of Associated Motor Holdings (Pty) Ltd including the following franchises, Bentley, Daihatsu Hyundai, MG Rover, SsangYong, Kawasaki, Hyosung, MV Agusta, Cagiva, Husqvarna, Lotus, Proton, Kia, Citroen, Tata Tyco Trucks and Lectrolite. The Distributorships Division records comprises the following main categories.

- Statutory Records
- Administrative Records
- Government Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents
- Trademarks
- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

Associated Motor Holdings (Pty) Ltd including the following franchises, Bentley, Daihatsu Hyundai, MG Rover, SsangYong, Kawasaki, Hyosung, MV Agusta, Cagiva, Husqvarna, Lotus, Proton, Kia, Citroen, Tata.

Contact person: Harvey Adler
Postal address: P O Box 1719, Edenvale, 1610
Physical address: 138 Van Riebeeck Avenue, Edenvale, 1609
Phone Number: +27 (11) 723 1000
Fax Number: +27 (11) 452 6179

Tyco Trucks

Contact person: Collette Berry
Postal address: P O Box 15126, Wadeville, 1422
Physical address: Cnr Osborne and Dekema Roads, Wadeville
Phone Number: +27 (11) 827 1333
Fax Number: +27 (11) 827 1488

Lectrolite

Contact person: Mary Overweg
Postal address: P O Box 8038, Elandsfontein, 1406
Physical address: Wankel Street, Jet Park Ext. 1
Phone Number: +27 (11) 397 4070
Fax Number: +27 (11) 397 3067

RECORD SUBJECT AND CATEGORIES – MOTOR VEHICLE DEALERSHIPS DIVISION

The Motors Vehicle Dealerships Division comprises of Auto Helderberg BMW, Auto Niche, Auto Supreme, Autopark Motors, Barnes Motors, Bloemfontein Delta, Boulevard Delta, Brian Porter Motors Head Office, Broderick Motors, Cargo Motors, Cosmos Airwaves, Eicher, Germiston Motors, Honda East Rand Mall, Honda Westside, Hunters Delta, Hyundai Polokwane, Hycapex Hyundai, IMPERIAL Group BMW Division, IMPERIAL Motors, IMPERIAL Nissan and Fiat, IMPERIAL Trucks, Intercity Delta, Kia Cape Town, Kia Polokwane, Kimberley Kia, Kimberley Renault, Kuilsriver Motor Complex, Land Rover Bloemfontein, Lindsay Saker Central Gauteng, Lindsay Saker Country Areas, Lindsay Saker East, Magnis Nissan, Martin Jonker Motors, Mercurius Motors, MG Rover, Phoenix Motors, Port Delta, Porter Motors Kempton Park, Porters Auto, Premier Motor Holdings - Divisional Office, Robbys Motor Spares, Royce Love Motors, Schus Parow, Sovereign Motors Bloemfontein, Sovereign Motors Kimberley, Stellenbosch Motors, Urgent Discount Motor Spares, Vereeniging BMW, Vereeniging Delta, and Volks Motors. The Motors vehicle dealerships Division records comprises the following main categories.

- Statutory Records
- Administrative Records
- Research Records
- Transactional Documents
- Technical Records
- Departmental Administration Records
- Technical Publications
- Vat Records
- Contracts and Agreements
- General Correspondence
- Employee Records
- General HR Policies and Procedures
- Training Records
- Pension Records
- Employee Benefit Records
- Labour Relations Records
- Employment Equity Records
- Employee Contracts
- Employee Performance Records
- General SHE Records
- Patents & Trademarks

- Insurance Records
- Building and Property Records
- General Administration Records
- Working Papers
- Investment Records
- Management Reports
- Share Register Records
- Accounting Records
- Minutes of Meetings
- Operational Records

Auto Helderberg BMW, Auto Niche, Auto Supreme, Germiston Motors, Hyundai Polokwane, Hunters Delta, IMPERIAL Group BMW Division, Intercity Delta, Kia Polokwane, Kimberley Hyundai, Kimberley Kia, Kimberley Renault, Land Rover Bloemfontein, Porter Motors Kempton Park, Premier Motor Holdings - Divisional Office, Sovereign Motors Bloemfontein, Sovereign Motors Kimberley, Autopark Motors, Bloemfontein Delta, Boulevard Delta, Vereeniging BMW, Vereeniging Delta.

Contact person: Corne Venter
 Postal address: P.O. Box 571, Germiston, 1400
 Physical address: Gillooly's View, Block C, 2nd Floor, Osborne Lane, Bedfordview, 2007
 Phone Number: +27 (11) 615-7887
 Fax Number: +27 (11) 615-7898

Brian Porter Holdings Limited, Brian Porter Motors Limited, Aphrodite Holdings (Pty) Limited, Active Displays (Pty) Limited, Frost Air (Pty) Limited, Germiston Motors (Pty) Limited, Henim (Pty) Limited, Langmot Investments (Pty) Limited, Marine Garage (Pty) Limited, Newport Motors (Alberton) (Pty) Limited, Newport Motors (Pty) Limited, Noordhof Motors (Pty) Limited, PHF Investments (Pty) Limited, Parkers Investments Shareblock (Pty) Limited, Porter, Robb Motors Properties (Kuil's River) Limited, Raymond Duncan Motor Spare (Pty) Limited, Robb Motors (Boland) Limited, Robb Motors (SWD) Limited, Robb Motors Properties Limited, SA Leasing Services (Pty) Limited, SM Retreads (Cape Town) (Pty) Limited, South East Rand Investments (Pty) Limited, Urgent Discount Motor Spares (Pty) Limited, Victoria Street Holdings (Pty) Limited, Wigandia (Pty) Limited, Wizard Developments (Pty) Limited

Contact person: Lance Schkolne
 Postal address: P O Box 51, Rondebosch, 7701
 Physical address: Porter House, Belmont Road, Rondebosch, 7700
 Phone Number: +27 (21) 689-4711
 Fax Number: +27 (21) 689-1576

Honda East Rand Mall, Honda Westside

Contact person: Billy Kruger
 Postal address: P O Box 547, Kempton Park, 1620
 Physical address: Jet Park Road, Jet Park, Isando, 1600
 Phone Number: +27 (11) 397-3270
 Fax Number: +27 (11) 397-3288

Cargo Motors and Mercurius Motors

Contact person: Sharon Schutte
 Postal address: P O Box 8209, Johannesburg, 2000
 Physical address: Divisional Office - Cnr. Maritzburg Street and Droste Cr, Droste Park
 Phone Number: +27 (11) 405-2800
 Fax Number: +27 (11) 405-2848

Barnes Motors, Broderick Motors, Lindsay Saker Country Areas, Phoenix Motors, Royce Love Motors, Stellenbosch Motors, Volks Motors

Contact person: Isabel van Rensburg

Postal address: P O Box 1842, Bloemfontein, 9300
Physical address: 53 Church Street, Bloemfontein, 9301
Phone Number: +27(51) 447-8811
Fax Number: +27(51) 447-0548

Lindsay Saker Central Gauteng, IMPERIAL Nissan and Fiat, Intercity Motors, Lindsay Saker East, Magnis Pretoria, Martin Jonker Motors, Royce Love Motors, Schus Group

Contact person: Gert Koekemoer
Postal address: P O Box 4620, Edenvale, 1610
Physical address: 12 Wellington Street, Rhodesfield, Kempton Park
Phone Number: +27 (11) 570-8463
Fax Number: +27 (11) 570-8464

IMPERIAL Motors, IMPERIAL Trucks

Contact person: Phil Eager
Postal address: P O Box33222, Jeppestown, 2043
Physical address: 271 CommissionerStreet, Jeppestown, 2043,
Phone Number: +27 (11) 334-6333
Fax Number: +27 (11) 334-5842

ACCESS REQUEST PROCEDURE

The purpose of this Section 51(1)(e) of the Act is to provide requesters with sufficient guidelines and procedures to facilitate a request for access to a record held by the Group.

It is important to note that an application for access to information can be refused in the event that the application does not comply with the procedural requirements of the Act. In addition, the successful completion and submission of a request from does not automatically allow the requester access to the requested record.

Note:

If it is reasonably suspected that the requester has obtained access to the Group's records through the submission of materially false or misleading information, legal action may be instituted against such requester.

Completion of Access Request Form

In order for the Group to respond to a request in a timely manner the Access Request Form should be completed, taking due cognizance of the following Instructions on Completion of Forms:

1. The Access Request Form must be completed in the English language.
2. Type or print in BLOCK LETTERS an answer to every question.
3. If a question does not apply, state "N/A" in response to that question.
4. If there is nothing to disclose in reply to a particular question state "NIL" in response to that question.
5. If there is insufficient space on a printed form in which to answer a question additional information may be provided on an additional folio
6. When the use of an additional folio is required, precede each answer thereon with the title applicable to that question.

Submission of Access Request Form

The completed Access Request Form must be submitted either via conventional mail or fax and must be addressed to the contact person indicated in this document for the particular areas of business noted on pages 3 to 13.

An initial, **non-refundable R57.00 request fee** is payable on submission. This fee is **not applicable** to Personal Requesters, referring to any person seeking access to records that contain their personal information.

Payment of Fees

Payment details can be obtained from the contact person as indicated in this document and payment can be made by either direct deposit or by bank guarantee cheque (no credit card payments are accepted). Proof of payment must be supplied.

Note:

*If the request for access is successful an **access fee** will be required for the search, reproduction and/or preparation of the record(s) and will be calculated based on the Prescribed Fees. The access fee must be paid prior to access being given to the requested record.*

Notification

Requesters will be evaluated and the requester notified, within 30 days of receipt of the completed Access Request Form. Notification may include:

Notification Of Extension Period (if required)

The requesters may be notified whether an extension period is required for the processing of their requests including:

- i. The required extension period, which will not exceed an additional 30 days;
- ii. Adequate reasons for the extension; and
- iii. Notice that the requester may lodge an application with a court against the payment of the deposit and the procedure including the period, for lodging the application.

Payment of Deposit (if applicable)

The requester may be notified whether a deposit is required. A deposit will be required depending on certain factors such as the volume and/or format of the information requested and the time required for search and preparation of the record(s). The notice will state:

- i. The amount of the deposit payable (if applicable); and
- ii. That the requester may lodge an application with a court against the payment of the deposit and the procedures including the period, for lodging the application.

Please note:

In the event that access is refused to the requested record, the full deposit will be refunded to the requester.

Decision on Request

If no extension period or deposit is required the requesters will be notified within 30 days of the decision on their requests.

If the request for access to a record is successful the requester will be notified of the following:

- i. The amount of the access fee payable upon gaining access to the record (if any);
- ii. An indication of the form in which the access will be granted;
- iii. Notice that the requester may lodge an application with a court against the payment of the access fee and the procedure including the period for lodging the application.

If the request for access to a record is not successful the requester will be notified of the following:

- i. Adequate reasons for the refusal (refer to Third Party Information and Grounds for Refusal below); and

- ii. That the requester may lodge an application with a court against the refusal of the request and the procedure including the period, for lodging the application.

Third Party Information

If access is requested to a record that contains information about a third party, the Group is obliged to attempt to contact this third party to inform them of the request. This enables the third party the opportunity of responding by either consenting access or by providing reasons why the access should be denied.

In the event of the third party furnishing reasons for the support or denial of access, our designated contact person will consider these reasons in determining whether access should be granted, or not.

Grounds for Refusal

The Group may legitimately refuse to grant access to a requested record that falls within a certain category. Grounds on which the Group may refuse access include:

- i. Protecting personal information that the Group hold about a third person (who is a natural person) including a deceased person, from unreasonable disclosure;
- ii. Protecting commercial information that the group holds about a third party or the Group (for example trade secret: financial, commercial, scientific or technical information that may harm the commercial or financial interests of the organization or the third party);
- iii. If disclosure of the record would result in a breach of a duty of confidence owed to a third party in terms of an agreement;
- iv. If disclosure of the record would endanger the life or physical safety of an individual;
- v. If disclosure of the record would prejudice or impair the security of property or means of transport;
- vi. If disclosure of the record would prejudice or impair the protection of a person in accordance with a witness protection scheme;
- vii. If disclosure of the record would prejudice or impair the protection of the safety of the public;
- viii. The record is privileged from production in legal proceedings, unless the legal privilege has been waived;
- ix. Disclosure of the record (containing trade secrets, financial, commercial, scientific, or technical information) would harm the commercial or financial interests of the Group;
- x. Disclosure of the record would put the Group at a disadvantage in contractual or other negotiations or prejudice it in commercial competition;
- xi. The record is a computer programme; and
- xii. The record contains information about research being carried out or about to be carried out on behalf of a third party or the Group.

Records that cannot be found or do not exist

If the Group has searched for a record and it is believed that the record does not exist or cannot be found, the requester will be notified by way of an affidavit or affirmation. This will include the steps that were taken to try to locate the record.

IMPERIAL HOLDINGS HEAD OFFICE

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

	IMPERIAL Holdings Limited
Contact Person:	Rohan Venter
Postal address:	P.O. Box 3013, Edenvale, 1610
Physical Address	IMPERIAL Place, Jeppe Quondam, 79 Boeing Road East, Bedfordview, 2008
Phone Number:	+27 (11) 453-0945
Fax Number:	+27 (11) 453-0960

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. **If the record is in written or printed form:**

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
--------------------------	---	--------------------------	--

4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Regent Insurance Company Limited

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Regent Insurance Company Limited

Contact person: Hennie van Staden
Postal address: P O Box 674, Edenvale, 1610
Physical address: 146 Boeing Road, Elma Park, Edenvale, 1609
Phone Number: +27 (11) 879 5000
Fax Number: +27 (11) 453 1122

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Regent Life Assurance Company Limited

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Regent Life Assurance Company Limited

Contact person: Stefanie Stuart
Postal address: P O Box 4155, Edenvale, 1610
Physical address: 16 Ernest Oppenheimer Road Bruma, Johannesburg, 2001
Phone Number: +27 (11) 878-1000
Fax Number: +27 (11) 453-0957

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
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3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
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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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

IMPERIAL Fleet Services (Pty) Ltd, RTG Fleet Services (Pty) Ltd, Pemberley Fleet Services (Pty) Ltd, Ukhamba Fleet Services a division of Ukhamba Investment (Pty) Ltd, Amasondo Fleet Services (Pty) Ltd, Cattle Egret (Pty) Ltd trading as IMPERIAL Fleet Services Eastern Cape, Hyper Car, Fleet Support Services (Pty) Ltd

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

IMPERIAL Fleet Services (Pty) Ltd, RTG Fleet Services (Pty) Ltd, Pemberley Fleet Services (Pty) Ltd, Ukhamba Fleet Services a division of Ukhamba Investment (Pty) Ltd, Amasondo Fleet Services (Pty) Ltd, Cattle Egret (Pty) Ltd trading as IMPERIAL Fleet Services Eastern Cape, Hyper Car, Fleet Support Services (Pty) Ltd

Contact person: Chris Du Toit
 Postal address: P O Box 1049, Isando, 1600.
 Physical address: 9 Brewery Road, Isando, 1600.
 Phone Number: +27 (11) 977-8000
 Fax Number: +27 (11) 977-8306

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Saficon Industrial Equipment and related companies

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Saficon Industrial Equipment and related companies

Contact person: Mark Whyte
Postal address: PO Box 982, Isando, 1600
Physical address: 11 Gross Street, Tunney Industrial Estate, Elandsfontein,
Phone Number: +27 (11) 974-2721
Fax Number: +27 (11) 974-7227

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

(a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.

(b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.

(c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

SAFAIR and related companies

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

SAFAIR and related companies

Contact person: Elmar Conradie
Postal address: P O Box 938, Kempton Park, 1620.
Physical address: Bonaero Drive, Bonaero Park, 1619.
Phone Number: +27 (11) 928-0071
Fax Number: +27 (11) 395-1315

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

NAC and related companies

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

NAC and related companies

Contact person: Hennie Smit
Postal address: P O Box 293, Lanseria Airport, Lanseria, 1748
Physical address: Hangar 104C Lanseria Airport, Lanseria 1748
Phone Number: +27 (11) 267-5553
Fax Number: +27 (11) 267-5054

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

**IMPERIAL General Freight, Warehousing and Logistics; IMPERIAL Bulk and Forestry;
IMPERIAL Consumer Logistics**

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

IMPERIAL General Freight, Warehousing and Logistics; IMPERIAL Bulk and Forestry;
IMPERIAL Consumer Logistics

Contact person: Christie Els
 Postal address: Po Box 688, Germiston 1400.
 Physical address: Goldfields Logistics Park, 10 Refinery Road, Driehoek, Germiston.
 Phone Number: +27 (11) 876-3602
 Fax Number: +27 (11) 873-1874

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
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4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

ImperiLog Ltd and Subsidiary Companies

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

ImperiLog Ltd and Subsidiary Companies

Contact person: George de Beer
Postal address: P O Box 7320, Halfway House, 1685
Physical address: Unit 5, Gallagher Place South, Cnr. Richards Drive & Suttie Road, Midrand.
Phone Number: +27 (11) 312 2233
Fax Number: +27 (11) 315 0256

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
--------------------------	---	--------------------------	--

4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Megafreight Services (PTY) LTD

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Megafreight Services (PTY) LTD

Contact person: Kevin Fall
Postal address: PO Box 3053, Kempton Park, 1620.
Physical address: 25 Jones Road, Jet Park, Boksburg.
Phone Number: +27 (11) 971 1064
Fax Number: +27 (11) 971 1010

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity Numbers: _____

Postal Address: _____

_____ Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

- (a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

Description of the Record or relevant part of the record:

Reference number, if available:

Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57, 00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record*

Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/>	View the Images	<input type="checkbox"/>	Copy of the Images*	<input type="checkbox"/>	Transcription of the Images*
--------------------------	-----------------	--------------------------	---------------------	--------------------------	------------------------------

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
--------------------------	---	--------------------------	--

4. If the record is held on computer 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"/>	Copy in computer readable form* (stiffy or compact disc)
--------------------------	-------------------------	--------------------------	--	--------------------------	--

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

IMPERIAL Car Rental, Tempest-Sixt Car Hire, Europcar, Khaya Car Hire and Swans Rent A Car, Holiday Auto, Auto Pedigree, Springbok Atlas, Grosvenor Tours, Atlas Tours Management, Eastgate Safaris and Transfers, Gold Reef Guides, IMPERIAL Chauffer Drive, Tourism Holdings Rental S.A. (Pty) Ltd trading as Maui Britz, Executive Carports, Car Hire Brokers, Royal Administrators (Pty) Ltd, IMPERIAL Auto Body, IMPERIAL Panelshops

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

IMPERIAL Car Rental, Tempest-Sixt Car Hire, Europcar, Khaya Car Hire and Swans Rent A Car, Holiday Auto, Auto Pedigree, Springbok Atlas, Grosvenor Tours, Atlas Tours Management, Eastgate Safaris and Transfers, Gold Reef Guides, IMPERIAL Chauffer Drive, Tourism Holdings Rental S.A. (Pty) Ltd trading as Maui Britz, Executive Carports, Car Hire Brokers, Royal Administrators (Pty) Ltd, IMPERIAL Auto Body, IMPERIAL Panelshops

Contact person: Nico Bell
 Postal address: P O Box 2217, Edenvale, 1610
 Physical address: 5 Boeing Road East, Elma Park
 Phone Number: +27 (11) 458 7671
 Fax Number: +27 (11) 458 7682

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and
 Surname: _____
 Identity
 Number: _____
 Postal
 Address: _____

 Postal Code: _____
 Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

Printed copy of Printed Copy of Copy in computer

record*

information derived from the record*

readable form* (stiffy or compact disc)

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/

PERSON ON WHOSE BEHALF REQUEST IS MADE

Tourism Investment Corporation Limited

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Tourism Investment Corporation Limited

Contact person: Ian Hay
Postal address: P O Box 785719, Sandton, 2146
Physical address: Moorgate, Dunkeld Park, 6 North Road, Dunkeld West, Johannesburg
Phone Number: +27 (11) 325 7040
Fax Number: +27 (11) 325 7054

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity _____

Number: _____

Postal _____

Address: _____

Postal Code: _____

Telephone _____

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Associated Motor Holdings (Pty) Ltd including the following franchises, Bentley, Daihatsu Hyundai, MG Rover, SsangYong

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Associated Motor Holdings (Pty) Ltd including the following franchises, Bentley, Daihatsu Hyundai, MG Rover, SsangYong

Contact person: Harvey Adler
Postal address: P O Box 1719, Edenvale, 1610
Physical address: 138 Van Riebeeck Avenue, Edenvale, 1609
Phone Number: +27 (11) 723 1000
Fax Number: +27 (11) 452 6179

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) *Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

2. Description of the Record or relevant part of the record:

3. Reference number, if available:

4. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Tyco Trucks

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Tyco Trucks

Contact person: Warren Phillips
Postal address: P O Box 15126, Wadeville, 1422
Physical address: Cnr Osborne and Dekema Roads, Wadeville
Phone Number: +27 (11) 827 1333
Fax Number: +27 (11) 827 1488

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Lectrolite

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Lectrolite

Contact person: Mary Overweg
Postal address: P O Box 8038, Elandsfontein, 1406
Physical address: Wankel Street, Jet Park Ext. 1
Phone Number: +27 (11) 397 4070
Fax Number: +27 (11) 397 3067

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Auto Helderberg BMW, Auto Niche, Auto Supreme, Germiston Motors, Hunters Delta, Hyundai Polokwane, IMPERIAL Group BMW Division, Intercity Delta, Kia Polokwane, Kimberley Hyundai, Kimberley Kia, Kimberley Renault, Land Rover Bloemfontein, Porter Motors Kempton Park, Premier Motor Holdings - Divisional Office, Sovereign Motors Bloemfontein, Sovereign Motors Kimberley, Autopark Motors, Bloemfontein Delta, Boulevard Delta, Vereeniging BMW, Vereeniging Delta.

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Auto Helderberg BMW, Auto Niche, Auto Supreme, Germiston Motors, Hunters Delta, Hyundai Polokwane, IMPERIAL Group BMW Division, Intercity Delta, Kia Polokwane, Kimberley Hyundai, Kimberley Kia, Kimberley Renault, Land Rover Bloemfontein, Porter Motors Kempton Park, Premier Motor Holdings - Divisional Office, Sovereign Motors Bloemfontein, Sovereign Motors Kimberley, Autopark Motors, Bloemfontein Delta, Boulevard Delta, Vereeniging BMW, Vereeniging Delta.

Contact person: Kobus Stander
 Postal address: P O Box 571, Germiston, 1400
 Physical address: Gillooly's View, Block C, 2nd Floor, Osborne Lane, Bedfordview, 2007
 Phone Number: +27 (11) 615-7887
 Fax Number: +27 (11) 615-7898

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

5. If the record is held on computer in an electronic or machine-readable form:

Printed copy of Printed Copy of Copy in computer

record*

information derived from the record*

readable form* (stiffy or compact disc)

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

Brian Porter Motors Head Office, Cosmos Airwaves, Hycape Hyundai, Kia Cape Town, Kuilsriver Motor Complex, Port Delta, Porters Auto, Robbys Motor Spares, Urgent Discount Motor Spares.

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Brian Porter Motors Head Office, Cosmos Airwaves, Hycape Hyundai, Kia Cape Town, Kuilsriver Motor Complex, Port Delta, Porters Auto, Robbys Motor Spares, Urgent Discount Motor Spares.

Contact person: Lance Schkolne
 Postal address: P O Box 51, Rondebosch, 7701
 Physical address: Porter House, Belmont Road, Rondebosch, 7700
 Phone Number: +27 (21) 689-4711
 Fax Number: +27 (21) 689-1576

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

<input type="checkbox"/> Copy of Record*	<input type="checkbox"/> Inspection of Record
--	---

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/> View the Images	<input type="checkbox"/> Copy of the Images*	<input type="checkbox"/> Transcription of the Images*
--	--	---

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/> Listen to the soundtrack (audio cassette)	<input type="checkbox"/> Transcription of soundtrack* (written or printed document)
--	---

4. If the record is held on computer 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"/> Copy in computer readable form* (stiffy or compact disc)
--	---	---

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Car`n Bakkie Reconditioning Centre, Honda, Mercurius Motors

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Car`n Bakkie Reconditioning Centre, Honda, Mercurius Motors

Contact person: Billy Kruger
Postal address: P O Box 547, Kempton Park, 1620
Physical address: Jet Park Road, Jet Park, Isando, 1600
Phone Number: +27 (11) 397-3270
Fax Number: +27 (11) 397-3288

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Cargo Motors

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Cargo Motors

Contact person: Sharon Schutte
Postal address: P O Box 8209, Johannesburg, 2000
Physical address: Divisional Office - Cnr. Maritzburg Street and Droste Cr, Droste Park
Phone Number: +27 (11) 405-2800
Fax Number: +27 (11) 405-2848

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

<input type="checkbox"/> Copy of Record*	<input type="checkbox"/> Inspection of Record
--	---

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

<input type="checkbox"/> View the Images	<input type="checkbox"/> Copy of the Images*	<input type="checkbox"/> Transcription of the Images*
--	--	---

3. If the record consists of recorded information that can be reproduced in sound:

<input type="checkbox"/> Listen to the soundtrack (audio cassette)	<input type="checkbox"/> Transcription of soundtrack* (written or printed document)
--	---

4. If the record is held on computer 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"/> Copy in computer readable form* (stiffy or compact disc)
--	---	---

If you requested a copy or transcription of a record (above), do not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Barnes Motors, Broderick Motors, Lindsay Saker Country Areas, Phoenix Motors, Stellenbosch Motors, Volks Motors

Access Request Form

	FOR OFFICE	Reference Number:
	USE ONLY	Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Barnes Motors, Broderick Motors, Lindsay Saker Country Areas, Phoenix Motors, Stellenbosch Motors, Volks Motors

Contact person: Isabel van Rensburg
 Postal address: P O Box 1842, Bloemfontein, 9300
 Physical address: 53 Church Street, Bloemfontein, 9301
 Phone Number: +27(51) 447-8811
 Fax Number: +27(51) 447-0548

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

Lindsay Saker Central Gauteng, IMPERIAL Nissan and Fiat, Intercity Motors, Lindsay Saker East, Magnis Pretoria, Martin Jonker Motors, Royce Love Motors, Schus Group

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

Lindsay Saker Central Gauteng, IMPERIAL Nissan and Fiat, Intercity Motors, Lindsay Saker East, Magnis Pretoria, Martin Jonker Motors, Royce Love Motors, Schus Group

Contact person: Gert Koekemoer
 Postal address:
 Physical address:
 Phone Number: +27 (11) 570-8463
 Fax Number: +27 (11) 570-8464

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and Surname: _____

Identity Number: _____

Postal Address: _____

Postal Code: _____

Telephone Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

--	--	--

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

IMPERIAL Motors, IMPERIAL Trucks, Van Zyl's Spring Works

Access Request Form

	FOR OFFICE USE ONLY	Reference Number:
		Received By:

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

(Regulation 10)

A. Particulars of IMPERIAL

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

IMPERIAL Motors, IMPERIAL Trucks, Van Zyl's Spring Works

Contact person: Phil Eager
Postal address: P O Box 33222, Jeppestown, 2043
Physical address: 271 Commissioner Street, Jeppestown, 2043,
Phone Number: +27 (11) 334-6333
Fax Number: +27 (11) 334-5842

B. Particulars of Person requesting access to the record/s

- (a) *The particulars of the person who requests access to the records must be provided in the space provided below.*
- (b) *Furnish an address and/or fax number within the Republic of South Africa to which information must be sent.*
- (c) *Proof of the capacity in which a person is making the request must be attached, if applicable, must be attached.*

Full Name and

Surname: _____

Identity

Number: _____

Postal

Address: _____

Postal Code: _____

Telephone

Number: _____

Fax 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 only be completed if a request for information is made on behalf of another person.

Full names and

Surname: _____

Identity Number: _____

D. Particulars of Record/s required:

(a) Provide full particulars of the record/s to which access is required, 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 additional folios or other annexure.***

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

2. Reference number, if available:

3. Any further particulars of the record/s required:

E. Fees

- (a) A request for access to a record, other than a record containing personal information about the requester will be processed only after a **non-refundable request fee of R57,00** has been paid.
- (b) The fee payable for access to a record depends on the form in which the access is required and the reasonable time required to search for and prepare the record.
- (c) If you qualify for exemption of the payment of any fee, please state the reason for the exemption.

Reason for exemption of payment of the fee/s:

F. Form of Access to Record

Form in which record is required

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 under certain circumstances. In such a case you will be informed whether 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.*

1. If the record is in written or printed form:

Copy of Record* Inspection of Record

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer generated images, sketches, ect)

View the Images Copy of the Images* Transcription of the Images*

3. If the record consists of recorded information that can be reproduced in sound:

Listen to the soundtrack (audio cassette) Transcription of soundtrack* (written or printed document)

4. If the record is held on computer in an electronic or machine-readable form:

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 not wish the copy or transcription to be posted to you? Postage is payable	Yes	No
--	-----	----

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 above, state your disability and indicate in which form the record is required.

Disability: _____ **Form in which record is required:** _____

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.

1. Indicate which right is to be exercised or protected:

2. Explain why the requested record(s) is required for the exercising or protection of the aforementioned right(s):

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 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 _____ on this the ____ day of _____ 200__

 SIGNATURE OF REQUESTER/
 PERSON ON WHOSE BEHALF REQUEST IS MADE

PRESCRIBED FEES

In terms of Section 54(7) of the Promotion of Access to Information Act, 2000 (Act No.2 of 2000).

1. PLEASE NOTE THAT ALL PRICES LISTED BELOW ARE INCLUSIVE OF VALUE-ADDED TAX (VAT)

- | | | |
|-----|---|--------|
| (a) | For every photocopy of an A4-size page or part thereof | R1.25 |
| (b) | For every printed copy of an A4-size page or part thereof held on a computer or in a electronic or machine-readable form | R0.85 |
| (c) | For a copy in a computer-readable form on | |
| | (i) stiffy disc | R 8.55 |
| | (ii) compact disc | R79.80 |
| (d) | (i) For a transcription of visual images, for an A4-size page or part thereof | R45.60 |
| | (ii) For a copy of visual images | R68.40 |
| (e) | (i) For a transcription of an audio record, for an A4-size page or part thereof | R22.80 |
| | (ii) For a copy of an audio record | R34.20 |
| (f) | To search for and prepare the record for disclosure, R34,20 for each hour or part thereof reasonably required for such search and preparation | |
| (g) | The actual postage fee is payable when a copy of a record is to be posted to a requester. | |