

# REQUEST FOR REGISTRY DATA



Version: 03/02/2023

## REQUEST FOR ACCESS TO REGISTRY INFORMATION

Section 53(1) of the Promotion of Access to Information Act 2 of 2000)

[Regulation 10] (As amended from time to time)

**Please Note:** If the space provided in this form, is inadequate, please continue on a separate folio and attach it to this form. The person who requests access to the record ("Requester") must sign all of the additional folios

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

- The particulars of the Requester must be inserted in the table below.
- Proof of the capacity in which the request is made, if applicable, must be attached.

FULL NAMES AND SURNAME:	
IDENTITY NUMBER:	
POSTAL ADDRESS:	
PHYSICAL ADDRESS:	
FAX NUMBER:	
TELEPHONE NUMBER:	
ACTIVE EMAIL ADDRESS:	
REQUESTER'S CAPACITY IF REQUEST IS MADE ON BEHALF OF A 3 <sup>RD</sup> PARTY:  (Please <u>circle</u> the appropriate capacity)  Other: .....	<b>Member / Director / Senior Manager / CEO / Owner / President / Chairman / Sole Proprietor / Company Secretary / Trustee / Agent / Attorney</b>
NAME OF 3 <sup>RD</sup> PARTY:	

### B. PARTICULARS OF RECORD

- Please Note:  
Section 50(1) of the Promotion of Access to Information Act 2 of 2000 ("the Act"), states:

(1) A requester must be given access to any record of a private body if-

- a. that record is required for the exercise or protection of any rights;
- b. that person complies with the procedural requirements of the Act relating to a request for access to that record;

and

c. access to that record is not refused in terms of any ground for refusal as contemplated in Chapter 4 of the Act.

- To enable the record to be located, please provide full particulars of the record to which access is requested in the table below, including any relevant reference number(s).

**Full Particulars of record or relevant part(s) of the record to be accessed:**

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**C. FEES**

- A request for access to a record, other than a record containing personal information about you, will be processed subject to an upfront payment of our request fee.
- If you request this fee to be waived, please circle your selection: Yes / No
- You will be informed if we do not accede to this request for waiver of our fee.

**D. FORM OF ACCESS TO RECORD**

If you are prevented by a disability to read, view or listen to the record requested, please state your disability and indicate in which form the record is required:

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Please Note:

- Compliance with your request in the specified form may depend on the form in which the record is available.
- Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- The fees mentioned in C above, will be determined partly by the form in which the record is requested.

**E. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

- Indicate which right is to be exercised or protected:

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

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**F. PARTICULARS OF REGISTRY OPERATOR**

**ZA REGISTRY CONSORTIUM (ZARC)**

**For the Attention of the Information Officer (Legal Dept.)**

Postal: P.O. Box 4620, Halfway House 1685

Physical: COZA House, Gazelle Close, Corporate Park South, Midrand, 1685

Email: [legal@registry.net.za](mailto:legal@registry.net.za)

\_\_\_\_\_  
Signature of Requester

Full Names: \_\_\_\_\_

Date: \_\_\_\_\_