



ZA Central Registry (NPC)  
 Company Number 1988/004299/08  
 COZA House, Gazelle Close, Corporate Park,  
 Midrand 1685  
 P.O. Box 4620, Halfway House 1685  
 Tel: +27 11 314 0077 \* Fax: +27 11 314 0088  
[www.registry.net.za](http://www.registry.net.za)

## PROATIA REQUEST FORM FORM C

Manual in terms of Section 51 of the Promotion of Access to Information Act no 2 of 2000 ("The Act")

Version: 2005/08/31

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]

### A. PARTICULARS OF PRIVATE BODY

**ZA Central Registry**

**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)

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

- The particulars of the person who requests access to the record must be given below.
- Proof of the capacity in which the request is made, if applicable, must be attached.

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

Other: .....

**C. PARTICULARS OF PERSON ON WHOSE BEHALF THE REQUEST IS MADE**

This section must be completed ONLY if a request for information is made on behalf of another person/organisation.

<b>FULL NAMES AND SURNAME:</b>	
<b>IDENTITY NUMBER/REGISTRATION NUMBER:</b>	
<b>POSTAL ADDRESS:</b>	
<b>PHYSICAL ADDRESS:</b>	
<b>FAX NUMBER:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>ACTIVE EMAIL ADDRESS:</b>	

**D. PARTICULARS OF RECORD**

- Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.
- Please Note:  
*Section 50(1) of the Act states:*  
*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.*

<b>Description of record or relevant part of the record:</b>	
<b>Reference number, if available:</b>	
<b>Any further particulars of record:</b>	

**E. FEES**

- A request for access to a record, other than a record containing personal information about you, will be processed only after a request fee has been paid.
- You will be notified of the amount to be paid as the request fee.
- The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption:

---



---



---



---

**F. Form of access to record**

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

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 fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

Form in which the record is required:					
If the record is in written or printed form (indicate with X):					
Copy of record*		Inspection of record			
If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
Copy of record		View images		Transcription of images*	
If record consists of recorded words or information which can be reproduced in sound:					
Listen to the soundtrack (audio cassette)				Transcription of soundtrack*	
If record is held on computer or in an electronic or machine-readable form:					
Printed copy of record*		Printed copy of information derived from the record*		Copy in computer readable format*	
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.					
Yes		No			

**G. Particulars of right to be exercised or protected**

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

- Indicate which right is to be exercised or protected:

---

---

---

---

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

---

---

---

---

**H. Notice of decision regarding request for access**

You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request. How would you prefer to be informed of the decision regarding your request for access to the record?

---

\_\_\_\_\_  
Signature of Requestor/ person on whose behalf the request has been made

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

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