

# HAYRICK

# **HAYRICK (Pty) Ltd**

Registration number 2011/105666/07
FSP number 48416
("Hayrick")
Request for Access to Records



## **REQUEST FOR ACCESS TO RECORDS**

#### NOTE:

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

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TO.	Tha	Inforn	natian	Office	
IU.	HILE		пацоп	Ullice	41

Address:	Email:	
	Fax number:	
Postal Code:		

### Mark with an "X"

Request is made in my own name

Request is made on behalf of another person

PERSONAL INFORMATION				
Full Names:				
ID Number:				
Capacity in which request is made: (when made on behalf of another person)				
Postal Address:				
			Postal Code:	
Street Address:				
			Postal Code:	
Email Address:				
Contact Numbers:	Tel (B):		Facsimile:	
	Cellular:			
Full names of person on whose behalf the request is made (if applicable):				
ID Number:				
Postal Address:				
			Postal Code:	
Street Address:				
			Postal Code:	
Contact Numbers:	Tel (B):		Facsimile:	
	Cellular:			



	UESTED  nich access is requested, including the reference number if that is known to you, to enable and space is inadequate, please continue on a separate page and attach it to this form.
Description of record or relevant part of the record:	
Reference number (if available):  Any further particulars of record:	
TYPE OF RECORD  (Mark the applicable box with an "X")	
Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video rec	ordings, computer-generated images, sketches, etc)
Record consists of recorded words or inform	nation which can be reproduced in sound
Record is held on a computer or in an electr	onic, or machine-readable form
PARTICULARS OF RIGHT TO BE If the provided space is inadequate, please of pages.	EXERCISED OR PROTECTED continue on a separate page and attach it to this Form. The requester must sign all the additional
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:	



FEES			
a) A request fee must be paid before the re-	quest will be considered.		
b) You will be notified of the amount of the	access fee to be paid.		
c) The fee payable for access to a record of and prepare a record.	epends on the form in whi	ch access is required a	nd the reasonable time required to search for
d) If you qualify for exemption of the payme	nt of any fee, please state t	he reason for exemptio	n.
Reason:			
You will be notified in writing whether	your request has been a	approved or denied a	and if approved the costs relating to your
request, if any. Please indicate your p			
		<b>.</b>	
Postal Address	Facsimile	Electron	c Communication (please specify)
Signed at:	this	day of	20
Signature of Requester / person on whos	e hehalf request is made		
oignature of Nequester / person on whos	o bollati roquest is made	•	
FOR OFFICIAL USE			
Reference number:			
Request received by:			
(State Rank, Name and Surname of Informa	tion		
Officer)			
Record consists of recorded words or			
information which can be reproduced in s	ound		

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