

# HAYRICK

# **HAYRICK (Pty) Ltd**

Registration number 2011/105666/07 FSP number 48416 ("Hayrick") Outcome of Request and Fees Payable



# **OUTCOME OF REQUEST AND OF FEES PAYABLE (REGULATION 8)**

#### **NOTE:**

- 1. If your request is granted the-
  - (a) amount of the deposit, (if any), is payable before your request is processed; and
  - (b) requested record/portion of the record will only be released once proof of full payment is received.
- 2. Please use the reference number hereunder in all future correspondence.

| TO:  | Address:      |  | Reference No.: |  |
|------|---------------|--|----------------|--|
|      |               |  |                |  |
|      |               |  |                |  |
|      | Postal Code:  |  |                |  |
| Your | request dated |  | , refers.      |  |

# 1. YOU REQUESTED:

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

OR

# 2. YOU REQUESTED:

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

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

Transcription of soundtrack (written or printed document)

Copy of information on flash drive (including virtual images and soundtracks)

Copy of information on compact disc drive (including virtual images and soundtracks)

Transcription of soundtrack (written or printed document)

### 3. TO BE SUBMITTED:

Postal services to postal address

Postal services to street address

Courier service to street address

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

E-mail of information (including soundtracks if possible)

Preferred language:

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

Kindly note that your request has been: Approved Denied, for the following reasons:



| Item  |                       | Cost per A4-size page or part thereof/item       | Number of pages/items     | Total |
|---|-----------------------|--|---------------------------|-------|
| Photocopy   |                       |  |                           |       |
| Printed copy  |                       |  |                           |       |
| For a copy in a computer-readable   | e form on:            |  |                           |       |
| (i) Flash drive   |                       |  |                           |       |
| To be provided by requestor   |                       | R40.00   |                           |       |
| (ii) Compact disc   |                       | D 40 00  |                           |       |
| <ul><li>If provided by requestor</li><li>If provided to the requestor</li></ul>                                       |                       | R40.00<br>R60.00                                 |                           |       |
| • II provided to the requestor  |                       |  |                           |       |
| For a transcription of visual images per A4-size page   |                       | Service to be outsourced.  Will depend on the    |                           |       |
| Copy of visual images   |                       | quotation of the service                         |                           |       |
|   |                       | provider   |                           |       |
| Transcription of an audio record, per A4-size   |                       | R24.00   |                           |       |
| Copy of an audio record   |                       |  |                           |       |
| (i) Flash drive   |                       |  |                           |       |
| To be provided by requestor  (ii) Compact diag.   |                       | R40.00   |                           |       |
| <ul><li>(ii) Compact disc</li><li>If provided by requestor</li></ul>  |                       | R40.00   |                           |       |
| If provided to the requestor  |                       | R60.00   |                           |       |
| Postage, e-mail or any other electi   |                       |  |                           |       |
| TOTAL:  |                       |  |                           |       |
| F DEDOOIT DAYARI F (IF  |                       |  |                           |       |
| 5. DEPOSIT PAYABLE (IF  | No                    | DS SIX HOURS):                                   |                           |       |
| 100   | 110                   | Amount of donosit (coloulate                     | ad an anathird of total   |       |
| Hours of search   |                       | Amount of deposit (calculate amount per request) | ea on one triira or totat |       |
|   | the following David   | accurat.   |                           |       |
|   | THE TOLLOWING DATIK A | ocount.  |                           |       |
| ·   |                       |  |                           |       |
| Name of account holder:   |                       |  |                           |       |
| The amount must be paid into t<br>Name of account holder:<br>Type of account:   |                       |  |                           |       |
| Name of account holder:   |                       |  |                           |       |
| Name of account holder: Type of account:  |                       |  |                           |       |
| Name of account holder:  Type of account:  Account number:  Branch Code:  |                       |  |                           |       |
| Name of account holder:  Type of account:  Account number:  Branch Code:  Reference No.:                              |                       |  |                           |       |
| Name of account holder: Type of account: Account number:  |                       |  |                           |       |
| Name of account holder:  Type of account:  Account number:  Branch Code:  Reference No.:                              | this                  | day of   | 20                        |       |
| Name of account holder:  Type of account:  Account number:  Branch Code:  Reference No.:  Submit proof of payment to: | this                  | day of   | 20                        |       |