

REQUEST FOR REGISTRY DATA



Version: 26/02/2020

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 RD PARTY: (Please <u>circle</u> the appropriate capacity) Other:	Member / Director / Senior Manager / CEO / Owner / President / Chairman / Sole Proprietor / Company Secretary / Trustee / Agent / Attorney
NAME OF 3 RD 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:

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:

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

F. PARTICULARS OF REGISTRY OPERATOR

ZA Central Registry NPC

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

Signature of Requester

Full Names: _____

Date: _____