

## FORMS

1. Request for a copy of the guide
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3. Outcome of request and of fees payable
4. Lodging of an internal appeal
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**FORM 1**  
**REQUEST FOR A COPY OF THE GUIDE**  
 [Regulations 2 and 3]

TO: \*The Information Regulator  
 P.O. Box 31533  
 Braamfontein,  
 2017  
 E-mail address: [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)  
 Tel number: +27 (0) 10 023 5200

**OR**

\*The information officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Names:					
In my capacity As (mark with "x"):	Information officer		Other		
Name of *public/private					
Body (if applicable)					
Postal Address:					
Street Address:					
E-mail Address:					
Facsimile:					
Contact Numbers:	Tel: (B):		Cellular:		

hereby request the following copy(ies) of the guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
Sepedi		Sesotho	
Setswana		siSwati	
Tshivenda		Xitsonga	
Afrikaans		English	
IsiNdebele		isiXhosa	
IsiZulu			

Manner of collection (Mark with "x"):

Personal Collection	Postal address	Facsimile	Electronic communication (Please specify)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of requester

**FORM 2**  
**REQUEST FOR ACCESS TO RECORD**  
 [Regulations 7]

Note:

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

TO: \*The information officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Address)

E-mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

Mark with an "X"

- Request is made in my own name       Request is made on behalf of another person

PERSONAL INFORMATION			
Full names:			
Identity number:			
Capacity in which request is made (when made on behalf Of another person):			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers	Tel. (B):		Facsimile:
	Cellular:		
Full names of person On whose behalf Request is made (if applicable):			
Identity number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers	Tel. (B):		Facsimile:
	Cellular:		
PARTICULARS OF RECORD REQUESTED			
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 page and attach it to this form. All additional pages must be signed.)			

Description of record of relevant part of the record:	
Reference number, if available:	
Any further particulars of record:	
<b>TYPE OF RECORD</b> (Mark the applicable box with an "X")	
Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, Computer-generated images, sketches, etc.)	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	
<b>FORM OF ACCESS</b> (Mark the applicable box with an "X")	
Printed copy of record (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 record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	
<b>MANNER OF ACCESS</b> (Mark the applicable box with an "X")	
Personal inspection of record 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)	
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)	
Cloud share/fire transfer	
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)	

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

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

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 request 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 depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason:	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication (Please specify)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester / Person on whose behalf request is made

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**FOR OFFICIAL USE**

Reference number:	
Request received by: (state rank, name and surname of information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

\_\_\_\_\_  
Signature of Information Officer

**FORM 3**  
**OUTCOME OF REQUEST AND FEES PAYABLE**  
 [Regulations 8]

**Note:**

1. If your request is granted the –
  - (a) amount of 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.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.	
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**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)	
Copy of record saved on cloud storage server	

**3. To be submitted:**

Postal services to postal address	
Postal services to street address	
Courier services to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	



Cloud share/file transfer	
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:


**4. Fees payable with regards to your request:**

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 form on:			
(i) Flash drive			
• To be provided by requestor	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			
• To be provided by requestor	R40.00		
(ii) Compact disc			
• If provided by requestor	R40.00		
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

**5. Deposit payable (if search exceeds six hours):**

Yes

No

Hours of search		Amount of deposit (Calculated on one third of total amount per request)	
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The amount must be paid into the following Bank account:

Name of Bank: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Reference No: \_\_\_\_\_

Submit proof of payment to: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Officer

**FORM 4**  
**LODGING OF AN INTERNAL APPEAL**  
 [Regulation 9]

Reference number \_\_\_\_\_

<b>PARTICULARS OF PUBLIC BODY</b>			
Name of public body:			
Name and surname of information Officer:			
<b>PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL</b>			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		
E-mail Address:			
Is the internal appeal lodged on behalf of another person?	Yes		No
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)			
<b>PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)</b>			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		
E-mail address:			
<b>DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED</b> (mark the appropriate box with an "X")			
Refusal of request for access:			
Decision regarding fees prescribed in terms of section 22 of the Act:			
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act			
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester:			
Decision to grant request for access:			
<b>GROUND FOR APPEAL</b>			
(If the provided space is inadequate, please continue on a separate page and attach it to this form, all the additional pages must be signed.)			

State the grounds on which the internal Appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication (Please specify)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of appellant/Third party

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**FOR OFFICIAL USE**  
**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: (state rank, name and surname of information officer)			
Date received:			
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer.		Yes	
		No	
<b>OUTCOME OF APPEAL</b>			
Refusal of request for access. Confirmed?	Yes		New decision (if not confirmed)
	No		
Fees (Sec 22). Confirmed?	Yes		New decision (if not confirmed)
	No		
Extension (Sec 26(1)). Confirmed?	Yes		New decision (if not confirmed)
	No		
Access (Sec 29(3)). Confirmed?	Yes		New decision (if not confirmed)
	No		
Request for access granted. Confirmed?	Yes		New decision (if not confirmed)
	No		

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Relevant Authority

**FORM 5**  
**LODGING OF COMPLAINT**  
[Regulation 10]

**Note:**

1. This form is designed to assist the Requester (hereinafter referred to as “the Complainant”) in requesting a review of a public or private body’s response or non-response to a request for access to records under the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) (“PAIA”). Please fill out this form and send it to the Information Regulator or complete the online complaint form available at <https://www.justice.gov.za/infoereg/>
2. PAIA gives a member of the public a right to file a complaint with the Information Regulator about any of the nature of complaints detailed in Part E of this complaint form.
3. It is the policy of the Information Regulator to defer investigating or to reject a complaint if the Complainant has not first given the public or private body (herein after referred to as “the Body”) an opportunity to respond to and attempt to resolve the issue. To help the Body address your concerns prior to approaching the Information Regulator, you are required to complete the prescribed PAIA form and submit it to the Body.
4. A copy of this form will be provided to the Body that is the subject of your complaint. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute, unless otherwise stated herein.
5. The Information Regulator will only accept your complaint once you confirm having complied with the prerequisites below.
6. Please attach copies of the following documents, if you have them:
  - Copy of the form to the Body requesting access to records;
  - The Body’s response to your complaint or access request;
  - Any other correspondence between you and the Body regarding your request;
  - Copy of the appeal form, if your complaint relate to a public body;
  - The Body’s response to your appeal;
  - Any other correspondence between you and the Body regarding your appeal;
  - Documentation authorizing you to act on behalf of another person (if applicable);
  - Court order or court documents relevant to your complaint, if any.
7. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.

**TO:** The Information Regulator  
P.O. Box 31533  
Braamfontein  
2017  
E-mail address: [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)  
Tel number: +27 (0) 10 023 5200

**CAPACITY OF PERSON/PARTY LODGING A COMPLAINT**

(Mark with an "X")

- Complainant personally
- Representative of complainant
- Third party

**PREREQUISITES**

Did you submit request (PAIA form) for access to record of a public/private body?	Yes		No	
Has 30 days lapsed from the date on which you submitted your PAIA form?	Yes		No	
Did you exhaust all the internal appeal procedure against a decision of the Information officer of a public body?	Yes		No	
Have you applied to Court for appropriate relief regarding this matter?	Yes		No	

**FOR INFORMATION REGULATOR'S USE ONLY**

Received by: (Full names)			
Position:			
Signature:			
Complaint accepted:	Yes		No
Reference Number:			
<i>Date stamp</i>			

Postal address	Facsimile	Other electronic communication (Please specify)

**PART A**

**PERSONAL INFORMATION OF COMPLAINANT**

Full names:			
Identity numbers:			
Postal Address:			
Street Address:			
E-mail Address			
Contact numbers:	Tel: (B):		Facsimile
	Cellular:		

**PART B  
REPRESENTATIVE INFORMATION**

(Complete only if you will be represented. A Power of Attorney must be attached in complainant is represented, failing which the complaint will be rejected)

Full names of Representative:			
Nature of Representation			
Identity Number/Registration Number:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel: (B):		Facsimile
	Cellular:		

**PART C  
THIRD PARTY INFORMATION  
(Please attach letter of authorisation)**

Type of body:	Private		Public	
Name of *public/private body:				
Registration number (if any):				
Name, surname and title of person authorized to lodge complaint:				
Postal Address:				
Street Address:				
E-mail Address:				
Contact numbers:	Tel. (B):		Facsimile	
	Cellular:			

**PART D  
BODY AGAINST WHICH THE COMPLAINT IS LODGED**

Type of body:	Private		Public	
Name of *public/private body:				
Registration number (if any):				



Name, surname and title of person you dealt with at the public or private body to try to resolve your complaint or request to access of information:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile
	Cellular		
Reference number given (if any):			

**PART E  
COMPLAINT**

**Tell us about the steps you have taken to try to resolve your complaint (Complaints should first be submitted directly to the public body for response and possible resolution: there are limited exceptions)**


Date on which request for access to records submitted:			
Please specify the nature of the right(s) to be exercised or protected, if a complaint is against a private body:			
Have you attempted to resolve the matter with the organization?	Yes	<input type="checkbox"/>	No
If yes, when did you receive it? (Please attach the letter to this application.)			
Did you appeal against a decision of the information officer of the	Yes	<input type="checkbox"/>	No
If yes, when did you lodge an appeal?			
Have you applied to Court for appropriate relief regarding this matter	Yes	<input type="checkbox"/>	No

<p>If yes, please indicate when was the matter adjusted by the Court? Please attach Court Order, if there is any.</p>		
<p><b>PART F</b> <b>DETAILED TYPE OF ACCESS TO RECORDS</b> (Please select one or more of the following to describe your complaint to the information Regulator)</p>		
<p>Unsuccessful appeal: (Section 77A(2)(a) or Section 77A(3) of PAIA)</p>	<p>I have appealed against the decision of the public body and the appeal is unsuccessful.</p>	
<p>Unsuccessful application for condonation: (Section 77A(2)(b) and 75(2) of PAIA)</p>	<p>I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.</p>	
<p>Refusal of a request for access: (Section 77A(2)(c) (i) or 77A(2)(d)(i) or 77A(3)(b) of PAIA)</p>	<p>I requested access to information held by a body and that request was refused or partially refused.</p>	
<p>The body requires me to pay a fee and I feel its is excessive: (Sections 22 or 54 of PAIA)</p>	<p>Tender or payment of the prescribed fee</p>	
	<p>The tender or payment of a deposit.</p>	
<p>Repayment of deposit: (Section 22(4) of PAIA)</p>	<p>The information officer refused to repay a deposit paid in respect of a request for access which is refused.</p>	
<p>Disagree with time extension: (Section 26 or 57 of PAIA)</p>	<p>The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.</p>	
<p>Form of access denied: (Section 29(3) or 60(a) of PAIA)</p>	<p>I requested access in a particular and reasonable form and such form of access was refused.</p>	
<p>Deemed refusal: (Section 27 or 58 of PAIA)</p>	<p>It is more than 30 days since I made my request and I have not received a decision.</p>	
	<p>Extension period has expired and no response was received.</p>	
<p>Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)</p>	<p>Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.</p>	

No adequate reasons for the refusal of access: (Section 56(3)(a) of PAIA)	My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.	
Partial access to record: (Section 28(2) or 59(2) of PAIA)	Access to only a part of the requested record was granted and I believe that more of the records should have been disclosed.	
Fee waiver: (Section 22(8) or 54(8) of PAIA)	I am exempt for paying any fee and my request to waive the fees was refused.	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.	
Failure to disclose records:	The Body decided to grant me access to the requested records, but I have not received them.	
No jurisdiction (exercise or protection of any rights): (Section 50(1)(a) of PAIA)	The Body indicated that the requested records are excluded from PAIA and I disagree.	
Frivolous or vexatious request: (Section 45 of PAIA)	The Body indicated that my request is manifestly frivolous or vexatious and I disagree	
Other (Please explain):		

**PART G  
EXPECTED OUTCOME**

How do you think the Information Regulator can assist you? Describe the result or outcome that you seek.


**PART H  
AGREEMENTS**

***The legal basis for the following agreements is explained in the Privacy Notice on how to file your complaint document. In order for the Information Regulator to process your complaint, you need to check each one of the checkboxes below to show your agreement:***

I agree that the Information Regulator may use the information provided in my complaint to assist it in researching issues relating to the promotion of the right of access to information as well as the protection of the right to privacy in South Africa. I understand that the Information Regulator will never include my personal or other identifying information in any public report, and that my personal information is still protected by the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). I understand that if I do not agree, the Information Regulator will still process my complaint.

- The Information in this Complaint Form is true to the best of my knowledge and belief.
- I authorize the Information Regulator to collect my personal complaint information (such as the information about me in this complaint form) and use it to process my human rights complaint relating to the right of access to information and / or the protection of the right to privacy.
- I authorize anyone (such as an employer, service provider, witness) who has information needed to process my complaint to share it with the Information Regulator, The Information Regulator can obtain this information by talking to witnesses or asking for written records. Depending on the nature of the complaint, these records could include personnel files or employer data, medical or hospital records, and financial or taxpayer information.
- If any of my contact information changes during the complaint process, it is my responsibility to inform the Information Regulator, otherwise my complaint could experience a delay or even be closed.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Complainant/Representative/Authorised person of Third party

**FORM 6**  
**ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT**  
 [Regulation 11(1)]

Note: Please use the undermentioned reference number in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLAINT LODGED**

**Receipt of your complaint, regarding:**

Unsuccessful appeal: (Section 77A(2)(a) or section 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.	
Unsuccessful application for condonation (Sections 77A(2)(b) and 75(2) of PAIA)	I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.	
Refusal of a request for access: (Section 77A(2)(c)(i) or 77A(d)(i) of 77A(3)(b) of PAIA)	I requested access to information held by a body and that request was refused or partially refused.	
The body requires me to pay a fee and I feel it is excessive: (Section 22 or 54 of PAIA)	Tender or payment of the prescribed request fee.	
	The tender of payment of a deposit.	
Repayment of the deposit: (Section 22(4) of PAIA)	The information officer refused to repay a deposit paid in respect of a request for access which is refused.	
Disagree with time extension: (Section 26 or 57 of PAIA)	The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension taken to respond to my access request.	
Form of access denied: (Section 27 or 58 of PAIA)	I requested access in a particular and reasonable form and such form of access was refused.	

Deemed refusal: (Section 27 or 58 of PAIA)	It is more than 30 days since I made my request and I have not received a decision.	
	Extension period has expired and no response was received.	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)	Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.	
No adequate reasons for the refusal of access: (Section 56(3)(a) of PAIA)	My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.	
Partial access to record: (Section 28(2) or 59(2) of PAIA)	Access to only a part of the refused records was granted and I believe that more of the records should have been disclosed.	
Fee waiver: (Section 22(8) or 54(8) of PAIA)	I am exempt from paying any fee and my request to waive the fees was refused.	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.	
Failure to disclose records:	The Body decided to grant me access to the requested records, but I have not received them.	
No jurisdiction (exercise or protection of any rights): (Section 50(1)(a) of PAIA)	The Body indicated that the requested records are excluded from PAIA and I disagree.	
Frivolous or vexatious request: (Section 45 of PAIA)	The Body indicated that my request is manifestly frivolous or vexatious and I disagree.	
Other: (Please explain):		

is hereby acknowledged. Kindly note that the complaint will be dealt with as follows:

- The Information Regulator will investigate the complaint further.
- The complaint will be referred to the Enforcement Committee.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 7**  
**NOTIFICATION TO INFORMATION OFFICER**  
 [Regulation 11(2)]

Note: Please use the undermentioned reference number in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RE: COMPLAINT RECEIVED AND INTENTION TO INVESTIGATE**

The following complaint was received from \_\_\_\_\_, ID number \_\_\_\_\_  
 on \_\_\_\_\_.

<b>COMPLAINT LODGED</b>		
Unsuccessful appeal: (Section 77A(2)(a) or 77A(3)(a) of PAIA)	I have appealed against the decision of the public body and the appeal is unsuccessful.	
Unsuccessful application for condonation: (Sections 77A(2)(b) and 75(2) of PAIA)	I filed my appeal against the decision of the public body late and applied for condonation. The condonation application was dismissed.	
Refusal of a request for access: (Section 77A(2)(c)(i) or 77A(d)(i) or 77A(3)(b) of PAIA)	I requested access to information held by a body and that request was refused or partially refused.	
The body requires me to pay a fee and I feel it is excessive: (Section 22 or 54 of PAIA)	Tender or payment of the prescribed request fee.	
	The tender or payment of a deposit.	
Repayment of the deposit: (Section 22(4) of PAIA)	The information officer refused to repay a deposit paid in respect of a request for access which is refuse.	
Disagree with time extension: (Section 26 or 57 of PAIA)	The body decided to extend the time limit for responding to my request, and I disagree with the requested time limit extension or a time extension taken to respond to my access request.	



Form of access denied: (Section 29(3) or Sections 60(a) of PAIA)	I requested access in a particular and reasonable form and such form of access was refused.	
Deemed refusal: (Section 27 or 58 of PAIA)	It is more than 30 days since I made my request and I have not received a decision.	
	Extension period has expired and no response was received.	
Inappropriate disclosure of a record: (Mandatory grounds for refusal of access to record)	Records (that are subject to the grounds for refusal of access) have inappropriately/unreasonable been disclosed.	
No adequate reasons for the refusal of access: (Section 56(3)(a) of PAIA)	My request for access is refused, and no valid or adequate reasons for the refusal, were given, including the provisions of this Act which were relied upon for the refusal.	
Partial access to record: (Section 28(2) of 59(2) of PAIA)	Access to only a part of the requested records was granted and I believe that more of the records should have been disclosed.	
Fee Waiver: (Section 2(8) or 54(8) of PAIA)	I am exempt from paying any fee and my request to waive the fees was refused.	
Records that cannot be found or do not exist: (Section 23 or 55 of PAIA)	The Body indicated that some or all of the requested records do not exist and I believe that more records do exist.	
Failure to disclose records:	The Body decided to grant me access to the requested records, but I have not received them.	
No jurisdiction (exercise or protection of any rights): (Section 50(1)(a) of PAIA)	The Body indicated that the requested records are excluded from PAIA and I disagree.	
Frivolous or vexatious request: (Section 45 of PAIA)	The Body indicated that my request is manifestly frivolous or vexatious and I disagree.	
Other: (Please explain):		

You are hereby notified that the Information Regulator intends to investigate the matter. You are hereby requested to respond to the complaint and produce to the Information Regulator any information, item or document, on which your decision is based, within 20 working days after receipt of this notification.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 8**  
**DEVELOPMENT AND OUTCOME OF INVESTIGATION**  
[Regulation 11(5)]

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: COMPLAINT LODGE WITH REGARDS TO** \_\_\_\_\_

The investigation is ongoing.

The following decision is taken:


Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 9  
SETTLEMENT MEETING  
[Regulation 12(2)]**

Note: Please use the undermentioned reference number in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: COMPLAINT LODGED WITH REGARDS TO:** \_\_\_\_\_

**KINDLY TAKE NOTE THAT:**

- (a) It appears from the nature of the complaint and the response made in relation to the complaint, that it may be possible to secure a settlement between the parties concerned.
- (b) The Information Regulator has decided to act as facilitator in the matter.

**YOU ARE HEREBY INVITED**

to attend a conciliation meeting at (*place*) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ (*time*) and on any subsequent date that may be required, regarding the above-mentioned matter.

Kindly confirm your attendance with the Information Regulator on/before \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 10**  
**SETTLEMENT CERTIFICATE**  
[Regulation 12(4)]

Note: Please use the undermentioned reference number in all future correspondence.

Reference number: \_\_\_\_\_

**IN THE MATTER BETWEEN**

Full names	
Identity number	

Full names	
Identity number	

Full names	
Identity number	

Full names	
Identity number	

**AND**

Name of public/private body	
Name of information officer	

I, \_\_\_\_\_ in my capacity as facilitator in the matter between the above-mentioned parties.

**HEREBY CERTIFY THAT:**

The matter has been resolved, and the following settlement reached:


The matter has not been resolved, and will be referred back to Information Regulator to be dealt with in terms of Section 77C of the Act

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 11  
CONCILIATION OF MATTER  
[Regulation 13(2)]**

Note: Please use the undermentioned reference number in all future correspondence.

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: COMPLAINT LODGED WITH REGARDS TO:** \_\_\_\_\_

**KINDLY TAKE NOTE THAT:**

- (a) It appears from the nature of the complaint and the response made in relation to the complaint, that it may be possible to secure a settlement between the parties concerned.
- (b) The Information Regulator has decided to act as facilitator in the matter.

**YOU ARE HEREBY INVITED**

to attend a conciliation meeting at (*place*) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ (*time*) and on any subsequent date that may be required, regarding the above-mentioned matter.

Kindly confirm your attendance with the Information Regulator on/before \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 12  
CONCILIATION CERTIFICATE  
[Regulation 13(5)]**

Reference number: \_\_\_\_\_

**IN THE MATTER BETWEEN**

Full names	
Identity number	

Full names	
Identity number	

Full names	
Identity number	

Full names	
Identity number	

**AND**

Name of public/private body	
Name of information officer	

I, \_\_\_\_\_ in my capacity as facilitator in the matter between the above-mentioned parties.

**HEREBY CERTIFY THAT:**

The matter has been resolved, and the following settlement reached:


The matter has not been resolved, and will be referred back to in Information Regulator to be dealt with in terms of Section 77C of the Act

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 13**  
**REQUEST FOR ASSESSMENT**  
 [Regulation 14(1)]

TO: The Information Regulator  
 P O Box 31533  
 Braamfontein  
 2017  
 E-mail address: [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)  
 Tel number: +27 (0) 10 023 5200

1,

Full names			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		

hereby in terms of section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), request that the Information Regulator assess whether the undermentioned public or private body generally complies with the provisions of the Act insofar as its policies and implementation procedures are concerned.

Name of public/private Body:			
Postal Address:			
Street Address:			
E-mail Address:			
Contact numbers:	Tel. (B):		Facsimile:
	Cellular:		

**PARTICULARS OF INFORMATION TO BE ASSESSED**


**PERSONS AFFECTED BY THE RELEVANT INFORMATION PRACTICE/S**




**THE REASON WHY AN ASSESSMENT IS REQUESTED**


**SPECIFIC ASPECTS OF THE INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS**


Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Requester

**FORM 14**  
**NOTICE OF \*REQUEST/INFORMATION REGULATOR'S OWN DECISION TO DO**  
**AN ASSESSMENT**  
[Regulation 14(2)]

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that the Information Regulator--

was requested to conduct an assessment

has on its own initiative decided to conduct an assessment,

in terms of Section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000).

**PARTICULARS OF INFORMATION TO BE ASSESSED**


**PERSONS AFFECTED BY THE RELEVANT INFORMATION PRACTICE/S**


**THE REASON WHY AN ASSESSMENT IS REQUESTED**


**SPECIFIC ASPECTS OF THE INFORMATION THAT THE ASSESSMENT SHOULD ADDRESS**


You are hereby invited to submit a written response, together with substantiated proof with regards to the \*request/the Information Regulator’s own initiative to conduct an assessment on/before \_\_\_\_\_.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 15**  
**DECISION WITH REGARDS TO CONDUCTING AN ASSESSMENT**  
[Regulation 14(3)]

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Information Regulator \*was requested to conduct an assessment/ has on its own initiative decided to conduct an assessment, in terms of Section 77H of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), and has, after taking all the relevant information into consideration, to---

proceed with an assessment; or.

not to proceed with an assessment.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator

**FORM 16**  
**DECISION WITH REGARDS TO ASSESSMENT**  
[Regulation 14(5)]

Reference number: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Information Regulator \*was requested to conduct an assessment/ has on its own initiative decided to conduct an assessment, in terms of Section 77H of Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), and has, after taking all the relevant information into consideration, formed the undermentioned views:

<b>VIEWS OF INFORMATION REGULATOR</b>

The Information Regulator hereby wishes to confirm that it wishes to take no further action in this regard.

The Information Regulator hereby wishes to confirm that it wishes to take the following action in this regard:


Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Information Regulator