

FORM A
REQUEST FOR ACCESS TO RECORD OF
PUBLIC BODY
(Section 18 (1) of the Promotion of Access to
Information Act, 2000
(Act No. 2 of 2000)
[Regulation 2]

FOR DEPARTMENTAL USE

Reference number: NQJ 001127

Request received

by: Communications, Sloba Siyabonga P.A

(state rank, name and surname of information officer/deputy information officer) on
25 January 2017 (date) at Mautny (place).

Request fee (if any): R _____

Deposit fee (if any): R _____

Access fee: R _____

SIPA Sloba

SIGNATURE OF INFORMATION
OFFICER/DEPUTY
INFORMATION OFFICER

A. Particulars of public body

The Information Officer/Deputy Information Officer: Mr. B.P. Gumbi
Nquthu Municipality
Nquthu Municipal Offices
Lot 83 Mdlalose Street (Main Office)
Nquthu
3135

Telephone: 27342716100
Fax: 27342716111
Email: siyabongas@nquthu.gov.za

B. Particulars of person requesting access to the record

- *The particulars of the person who requests access to the record must be recorded below.*
- *Furnish an address and/or fax number in the Republic to which information must be sent*
- *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: South African History Archive (SAHA)
Identity/Passport number: Non-Profit Trust No. 2522/93
Postal address: P.O.Box 31719, Braamfontein, 2017
Fax number: +27866491491
Telephone number: +27117182563
E-Mail Address: foip@saha.org.za

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

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

Full names and surname:
Identity number:

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.***

- Description of record or relevant part of the record:

For records related to the Regulation of Gatherings Act 205 of 1993.

1. Copies of notice of gathering templates in terms of section 3 of the Regulation of Gatherings Act.

2. The name, address, contact details, and area of jurisdiction of all persons designated in terms of section 2(4) of the Regulation of Gatherings Act as a "responsible officer" and a deputy responsible officer.

3. A list detailing:

3.1 The number of notices of gathering in terms of section 3 of the Regulation of Gatherings Act received since 1 January 2015 to date of submission of PAIA request;

3.2 The number of convener's meetings in terms of section 4 of the Regulation of Gatherings Act held since 1 January 2015 to date of submission of PAIA request;

3.3 The number of gatherings prohibited or prevented in terms of section 5 of the Regulation of Gatherings Act since 1 January 2015 to date of submission of PAIA request, and the reasons for the prohibition or prevention;

3.4 The number of gatherings authorized with conditions in terms of section 4 of the Regulation of Gatherings Act since 1 January 2015 to date of submission of PAIA request; and

3.5 The number of gatherings authorized in terms of section 4 of the Regulation of Gatherings Act since 1 January 2015 to date of submission of PAIA request.

4. Copies of Training Manuals and Training Materials (but specifically excluding those done at the national level) relating to the conduct and / or training of persons designated in terms of section 2(4) of the Regulation of Gatherings Act as a "responsible officer".

- Reference number, if available:
- Any further particulars of record:

E. Fees

- A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- You will be notified of the amount required 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 from payment of fees:

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.

Disability: _____ Form in which record is required: _____

Mark the appropriate box with an "X".
NOTES:

- Your indication as to the required form of access depends 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.

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

1. If the record is in printed form:

<input checked="" type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
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2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc).

<input type="checkbox"/>	view the images	<input checked="" type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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3. If record consists of recorded words or information which can be reproduced in sound:

<input type="checkbox"/>	Listen to the	<input checked="" type="checkbox"/>	transcription of soundtrack*
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	soundtrack (audio cassette)		(written or printed document)				
4 If record is held on computer or in an electronic or machine ? readable form:							
	Printed copy of record*	<input checked="" type="checkbox"/>	Printed copy derived from the record*				
			copy in computer readable form*(stiffy or compact disc)				
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO		<input checked="" type="checkbox"/>
YES	NO						
	<input checked="" type="checkbox"/>						
A postal fee is payable.							
<i>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.</i>							
In which language would you prefer the record? ENGLISH							

- G. 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 thereof 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?

IN WRITING. Via Email to foip@saha.org.za

Signed at Johannesburg on this 9th of November 2016.



SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

Ms Kelsey Jones (FOIP CBA Intern)

South African History Archive (SAHA)