

**FORM B**  
**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**  
(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))  
**[Regulation 4]**

**A. Particulars of Private Body**

**The Head:**

**Name of Body:** Getwine CC  
**Street address:** 57 Harrington Street, Cape Town, South Africa, 8001  
**Postal address:** 57 Harrington Street, Cape Town, South Africa, 8001  
**Telephone:** +27 (0)21 461 2891  
**Facsimile:** +27 (0)21 461 2891  
**Electronic mail:** [info@getwine.co.za](mailto:info@getwine.co.za)  
**Website:** [www.getwine.co.za](http://www.getwine.co.za)

**B. Particulars of person requesting access to the record**

- |  |
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| <p>(a) <i>The particulars of the person who requests access to the record must be recorded below.</i></p> <p>(b) <i>Furnish an address and/or fax number in the Republic to which information must be sent.</i></p> <p>(c) <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i></p> |
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Full names and surname: .....

Identity number: .....

Postal address: .....

Fax number: .....

Telephone number: .....

E-mail address: .....

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

**C. Particulars of person on whose behalf request is made**

- |   |
|---|
| <p><i>This section must be completed only if a request for information is made on behalf of another person.</i></p> |
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Full names and surname: .....

Identity number: .....

**D. Particulars of record**

- |  |
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| <p>(a) <i>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.</i></p> <p>(b) <i>If the provided space is inadequate please continue on a separate folio and attach it to this form. <b>The requester must sign all the additional folios.</b></i></p> |
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1. Description of record or relevant part of the record: .....
2. Reference number, if available: .....
3. Any further particulars of record: .....

**E. Fees**

- |  |
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| <p>(a) <i>A request for access to a record, other than a record containing personal information about yourself, will be processed only after a <b>request fee</b> has been paid.</i></p> <p>(b) <i>You will be notified of the amount required to be paid as the request fee.</i></p> <p>(c) <i>The <b>fee payable for access</b> to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.</i></p> <p>(d) <i>If you qualify for exemption of the payment of any fee, please state the reason therefor.</i></p> |
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Reason for exemption from payment of fees: .....

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**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 (if applicable): .....

Form in which record is required: .....

<p>Mark the appropriate box with an "X".</p> <p>NOTES:</p> <p>(a) Your indication as to the required form of access depends on the form in which the record is available.</p> <p>(b) 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.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>					
<b>1. If the record is in written or printed form -</b>					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record		
<b>2. If record consists of visual images -</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound -</b>					
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)		
<b>4. If record is held on computer or in an electronic or machine-readable form -</b>					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*	<input type="checkbox"/>	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? <b>A postal fee is payable.</b>				YES	NO

**G. Particulars of right to be exercised or protected**

*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.***

1. Indicate which right is to be exercised or protected: .....
2. Explain why the requested record is required for the exercising or protection of the aforementioned right: .....

**H. 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? .....

.....

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

\_\_\_\_\_  
SIGNATURE OF REQUESTER / PERSON ON WHOSE  
BEHALF REQUEST IS MADE