

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 7]

NOTE:

- The particulars of the person who requests access to the record must be given below.
- The address and/or eMail address in the Republic to which the information is to be sent, must be given.
- Proof of the capacity in which the request is made, if applicable, must be attached. The identity of person making this request may be verified.
- **Complete and return with proof of your identity to informationofficer@retinasa.org.za.**

A. Details of the Public Body	
Registered name	Retina South Africa
Business address	2 nd Floor Sami.G Office Square, 80 Greenvale Road, Wilbart, Germiston, 1401
Contact number(s)	0860595959 or 0114501181
Information Officer:	
Name	Denise Jacobs
Contact Number	0823243814
eMail address	informationofficer@retinasa.org.za

B. Details of the person requesting access to the record	
Full Name(s) and surname / registered name (entity)	
ID / Passport Number	
Postal address, include postal code	
Contact number(s)	

eMail address	
Capacity in which request is made, when made on behalf of another person?	

C. Particulars of person on whose behalf request is made (if applicable)	
This section must be completed ONLY if a request for information is made on behalf of another person	
Full Name(s) and surname	
ID / Passport Number	
Residential, postal or business address, include postal code	
Contact number(s)	
eMail address	

D. Particulars of Record	
<ul style="list-style-type: none"> • Provide full particulars of the record to which access is requested, including the reference if that is known to you, to enable the record to be located. • If the space provided is inadequate, please continue on a separate folio and submit it with this form. The requestor must sign all the additional folios. 	
Describe the record or relevant part of the record requested	
Reference number (if available)	
Any further particulars of the record which may assist us	

E. Fees
<ul style="list-style-type: none"> • 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? (if any)

F. Form of access to record

- Compliance with your request for access 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 fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

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 below, state your disability and indicate in which form the record is required.

Disability?	Vision Impaired <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	Vision & Hearing Loss <input type="checkbox"/>	Legally Blind <input type="checkbox"/>
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Disabled persons, indicate form in which record is required?

If the record is in written or printed form:

Copy of Record OR Inspection of record

If record consists of visual images (includes photographs, slides, video recordings, computer-generated images, sketches etc.)

View the images Copy of the images Transcription of the images

If record consists of recorded words or information which can be reproduced in sound?

Listen to the soundtrack

Transcription of soundtrack (written or printed document)

If record is held on computer or in an electronic or machine-readable form?

Printed copy of record Printed copy of information derived from the record
copy of computer readable form (compact disc)

If you requested a copy or transcription of a record, do you wish the copy or transcription to be posted to you? Postage is payable - Yes No

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.

In which language would you prefer the record?

G. Notice of decision regarding request for access

You may be notified in writing whether your request has been approved/denied. If you wish to be informed 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: _____

Date: _____

Signature of Requestor/Person on whose behalf request is made

FOR INTERNAL USE			
Access Reference No.			
Received by	Denise Jacobs Information Officer Retina South Africa		
Received	<input type="checkbox"/> eMail at informationofficer@retinasa.org.za <input type="checkbox"/> 2 nd Floor Sami.G Office Square, 80 Greenvale Road, Wilbart 1401 <input type="checkbox"/> Other – Details:		
Date Request Received			
Request Deadline		Deadline Extension	
Request fee (if any)	R		
Deposit (if any)	R		
Access fee (if any)	R		
Access Decision	GRANTED <input type="checkbox"/>		DENIED <input type="checkbox"/>
If denied, reasons			
Date Requestor notified of decision			
Date information provided, and method		Method:	
Information Officer signature	Request closed:		