



**REQUEST FOR ACCESS TO RECORD**

**1. PARTICULARS:**

Name of the company: First National Battery A Division of Metindustrial (PTY) Ltd  
Registration number 1949/031259/07  
Information Officer: Daksha Parbhoo  
Physical Address: 64 Liverpool Road, Benoni South 1502  
Postal Address: P.O. Box 5015, Benoni South 1502  
Telephone: (011) 741 3600  
Telefacsimile: (011) 421-2739  
E-mail: [popi@battery.co.za](mailto:popi@battery.co.za)

**2. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

- 2.1 The full particulars of the person who requests access to the record must be given below.
- 2.2 The address and/or fax number in the Republic to which the information is to be sent must be given.
- 2.3 Proof of the capacity in which the request is made, if applicable, must be attached.

**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:** \_\_\_\_\_

**3. 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:** \_\_\_\_\_

#### 4. PARTICULARS OF RECORD

- 4.1 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.
- 4.2 If the 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:**

\_\_\_\_\_

**Reference number, if available:**

\_\_\_\_\_

**Any further particulars of record:**

\_\_\_\_\_

\_\_\_\_\_

#### 5. FEES

- 5.1 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.
- 5.2 You will be notified of the amount required to be paid as the request fee.
- 5.3 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.
- 5.4 If you qualify for exemption of the payment of any fee, please state the reason for exemption.

**Reason for exemption from payment of fees:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 6. FORM OF ACCESS TO RECORD

If you are prevented by an impediment or 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:

- 6.1 Compliance with your request in the specified form may depend on the form in which the record is available.
- 6.2 Access in the form requested may be refused in certain circumstances. In such case, you will be informed if access will be granted in another form.
- 6.3 The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

<b>1. If the record is in written or printed form:</b>			
	Copy of record*		Inspection of record
<b>2. If the record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
	View the images		Copy of the images*      Transcription of the images*
<b>3. If the record consists of recorded words or information which can be reproduced in sound:</b>			
	Listen to the soundtrack (audio cassette)		Transcription of soundtrack (written or printed document)*
<b>4. If the record is held on computer or in an electronic or machine-readable form:</b>			
	Printed copy of record*		Printed copy of information 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? <b>Postage is payable.</b>			<b>YES    NO</b>

**7. PARTICULARS OF THE 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.**

Indicate which right is to be exercised or protected:

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

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**8. 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 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?**

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

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