PAIA ACCESS REQUEST FORM

<table>
<thead>
<tr>
<th>Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received by:</td>
</tr>
</tbody>
</table>

(Section 53(1)(e) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 10]

1) PARTICULARS OF BODY

Requests can be submitted either via conventional mail or fax and should be addressed to the relevant contact person as indicated below:

**MR PRICE GROUP LIMITED**

**Contact person:** Clare Williamson

**Postal address:**

PO Box 912

Durban

4000

**Physical address:**

Upper Level,

North Concourse

65 Masabalala Yengwa Avenue

Durban

4001

**Telephone number:** +27 31 310 8000

**Fax number:** +27 31 304 3725

**E – mail :** privacy@mrpg.com

**Website :** www.mrpricegroup.com
2a PARTICULARS OF REQUESTER (If Natural Person)

(a) Particulars of the person who requests access to the record must be recorded below.

(b) Furnish an address and/or fax number in the Republic to which information must be sent.

(c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname: ________________________________

____________________________________________________

Identity number: ________________________________

Postal address: ______________________________________

____________________________________________________

____________________________________________________

Postal code: _____________

Phone number: (_______)________________________________

Fax number: (_______)________________________________

E-mail address: ________________________________

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

____________________________________________________
2b PARTICULARS OF REQUESTER (if a Legal Entity)

(a) Particulars of the entity that requests access to the record must be recorded below.

(b) Furnish an address and/or fax number in the Republic to which information must be sent.

(c) Proof of the capacity in which the request is made, if applicable, must be attached.

<table>
<thead>
<tr>
<th>Name of entity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration number:</td>
<td></td>
</tr>
<tr>
<td>Postal address:</td>
<td></td>
</tr>
<tr>
<td>Postal Code:</td>
<td>____________</td>
</tr>
<tr>
<td>Phone number:</td>
<td>(____) ______________</td>
</tr>
<tr>
<td>Fax number:</td>
<td>(____) ______________</td>
</tr>
</tbody>
</table>


3 PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE

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

Full names and surname: ________________________________________________________________

_________________________________________________________

Identity number: [Redacted]

4 PARTICULARS OF RECORD

(a) Provide full particulars of the record to which access is requested including personal information as defined in POPIA, including the reference number if it is known to you, to enable the record to be located.

(b) 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: _______________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Reference number, if available: ___________________________________

Any further particulars of record: ____________________________________________

_________________________________________________________
5 FEES
(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a non-refundable request fee of R57.50 (incl VAT) has been paid.
(b) 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 the record.
(c) You will be notified of the amount required to be paid as the access fee.
(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees: __________________________________________________________________________
__________________________________________________________________________
### 6a FORM OF ACCESS TO RECORD

**Form in which record is required**

*Mark the appropriate box with an X.*

**NOTES:**

(a) Compliance with your request in the specified form may depend on the form in which the record is available.

(b) Access in the form requested may be refused under certain circumstances. In such a case, you will be informed whether 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 written or printed form:**

- [ ] Copy of record*
- [ ] Inspection of record

2. **If record consists of visual images:**

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

- [ ] View the images
- [ ] Copy of the images*
- [ ] Transcription of the images*

3. **If the record consists of recorded information that can be reproduced in sound:**

- [ ] Listen to the soundtrack
- [ ] Transcription of soundtrack*
  (audio cassette)
  (written or printed document)

4. **If the record is held on computer or in an electronic or machine-readable form:**

(including photographs, slides, video recordings, computer-generated images, sketches, etc)

- [ ] Printed copy of record*
- [ ] Printed copy of information derived from the record*
- [ ] Copy in computer readable form*
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? **Postage is payable.**

**Yes**  **No**

6b **IN THE EVENT OF DISABILITY**

*If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for in 1 to 4 above, state your disability and indicate the form in which the record is required.*

Disability: __________________________ Form in which record is required: __________

______________________________  ________________________________

______________________________  ________________________________

______________________________  ________________________________
PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

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

1. Indicate the right to be exercised or protected: ____________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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? ____________________________

________________________________________________________________________
9 AUTHOURISED SIGNATURE

Signed at __________________________ this ______ day of __________________ 20___

__________________________________________
SIGNATURE OF REQUESTER/
PERSON ON WHOSE BEHALF REQUEST IS MADE

YOU MUST: SEND WITH THIS APPLICATION:

1. Complete all necessary spaces. 1. Proof of payment of R57.50 (incl VAT) (if not personal requester) request fee.
2. Sign the access request form. 2. Any additional folios completed.
3. Sign additional folios completed.

APPENDIX B

PRESCRIBED FEES

(Section 54(7) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))
[Regulation 11 (3)]

1 PLEASE NOTE THAT ALL PRICES FOR THE ITEMS LISTED BELOW ARE INCLUSIVE OF VALUE-ADDED TAX (VAT)

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) For every photocopy of an A4-size page or part thereof</td>
<td>R 1.27</td>
</tr>
<tr>
<td>(b) For every printed copy of an A4-size page of part thereof held on a computer or in an electronic or machine-readable form.</td>
<td>R 0.86</td>
</tr>
</tbody>
</table>
(c) For a copy in a computer-readable form on compact disc | R80.50

(d) (i) For a transcription of visual images, for an A4-size page or part thereof | R46.00
(ii) For a copy of visual images | R69.00

(e) (i) For a transcription of an audio record, for an A4-size page or part thereof | R23.00
(ii) For a copy of an audio record | R34.50

(f) To search for and prepare the record for disclosure – for each hour or part thereof (as is reasonably required for such search and preparation). | R34.50

For purposes of section 54(2) of the Act, the following applies:

(g) Six hours as the hours to be exceeded before a deposit is payable

(h) One third of the access fee is payable as a deposit by the requester

(i) The actual postage fee is payable when a copy of a record must be posted to a requester.