
FORM 2 - REQUEST FOR ACCESS TO INFORMATION

As required by Regulation 7 of PAIA

Note:

Proof of identity must be attached by the requester.

If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

To:

The Organisation	Utility Management Solutions (Pty) Ltd
The Information Officer	Roelof Jacobus Dednam
Address	160 Zastron Street, Westdene, Bloemfontein, 9301
Email address	popi@nationalre.co.za
Fax number	051 430 1322
Request in made (mark with an X):	<input type="checkbox"/> in the requester's own name <input checked="" type="checkbox"/> on behalf of another person
Capacity- should the request be made on behalf of another person	

1 **Personal Information**

Full names	
Identity number	
Postal address	
Street address	
Email address	
Fax number	
Cellphone number	Home telephone number
Only to be completed if the request is made on behalf of another person	
Full names of other person	

Initial

Identity number

Postal address

Street address

Email address

Fax number

Cellphone number

Home telephone number

2 Particulars of requested 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 page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record

Empty text area for description of record.

Reference number (if available)

Any further particulars of record

Empty text area for further particulars of record.

3 Type of record (mark the applicable with an X)

Record is in written or printed form

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

Record consists of recorded words or information which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

Initial

4 **Form of access** (mark the applicable with an **X**)

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

5 **Manner of access** (mark the applicable with an **X**)

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
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Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Preferred language	(please complete with an official language of the Republic)

(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)

6 **Particulars of right to be exercised or protected**

Indicate which right is to be exercised or protected
Explain why the record requested is required for the exercise or protection of the aforementioned right

Initial

7 Fees

- (a) An access or request fee must be paid before the request will be considered.
- (b) the requester will be notified of the amount of the access fee to be paid.
- (c) 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

8 Manner of correspondence

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence.

Method	Postal address	Facsimile	Email
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9 Requester / representative signature

DATED AT (place)	ON	20
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REQUESTER / REPRESENTATIVE SIGNATURE

10 Confirmation of receipt for official use

Reference number
Information Officer
Date received
Access fees
Deposit (if any)

INFORMATION OFFICER SIGNATURE

Initial