A. Particulars of Private Body
The Head: Interon Solutions (Pty) Ltd
Mr. George Whiteside
Email: george@interon.co.za
B. Particulars of person requesting access to the record
(i) The particulars of the person who requests access to the record must be recorded below
(ii) Furnish an address and/or fax number in the Republic to which information must be sent
(iii) Proof of the capacity in which the request is made, if applicable, must be attached
Full names & surname:
Identity number:
Postal address:
Fax number:
Telephone number:
Email address:
Capacity:
C. 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 & surname:
Identity number:
D. Particulars of Record
(i) Provide full particulars of the record to which access is requested, including the reference number if that is known to you
(ii) If the provided space is inadequate, please continue on a separate page and attach to this form. Please sign any additional pages
Description of record:
Reference number:
Any further particulars:
E. Fees
(i) 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
(ii) You will be notified of the amount required to be paid as the request fee
(iii) 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
(iv) If you qualify for exemption of the payment of any fee, please state the reason therefor

Reason for exemption:

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 hereunder, please state your disability and indicate in which form the record is required
Disability:
Form in which required:
Mark the appropriate box with an "X"
(i) Your indication as to the required form of access depends on the form in which the record is available
(ii) Access in the form requested may be refused in certain circumstances, In such a case you will be informed of access will be granted in another form
(iii) 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:
<ul> <li>copy of record</li> </ul>
<ul> <li>inspection of record</li> </ul>
2) If record consists of visual images:
• view the images
<ul> <li>copy of the images</li> </ul>
■ transcription of the images
3) If the record consists of recorded words or information which can be reproduced in sound:
■ listen to the soundtrack
<ul> <li>transcription of the soundtrack</li> </ul>
4) If the record is held on computer or in an electronic or machine-readable form:
<ul> <li>printed copy of record</li> </ul>
• copy in computer readable form
Please indicate the preferred method of delivery
By hand
■ Email
■ Post
■ Fax
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
additional folios.
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:

H. Notice of decision regarding the 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?
I. Signature page
Signed at:
Date:
Signature of Requester / Person on whose behalf request is made: