



# PAIA – Form 2

KID Group



## RECORD / INFORMATION REQUEST FORM

### FORM 2 - REQUEST FOR ACCESS TO RECORD OF SUBJECT (The Promotion of Access to Information Act 2 of 2000) - [Regulation 7]

**NOTE:**

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

**TO:** The Information Officer

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*(Business Address)*

E-mail address: \_\_\_\_\_

Mark with an "X"

- Request is made in my own name
- Request is made on behalf of another person

**A. Particulars of Subject:**

Name or Identification Number / Address:

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**B. Particulars of person requesting access to the record**

- a. The particulars of the person who requests access to the record must be given below.
- b. The address and/or e-mail in the Republic to which the information is to be sent must be given.
- c. Proof of the capacity in which the request is made, if applicable must be attached.

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

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

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**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 and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

**D. Particulars of record requested**

- a. Provide full particulars of the record to which access is requested, including a reference number (if that 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 the record or relevant part of the record:

\_\_\_\_\_

\_\_\_\_\_

Reference number, if available:

\_\_\_\_\_

Any further particulars of record:

\_\_\_\_\_

\_\_\_\_\_

<b>MANNER OF ACCESS</b> <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i>	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
Cloud share/file transfer	

**E. Record Access details**

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

\_\_\_\_\_

**NOTES:**

- a. Compliance with your request for access in the specified form may depend on the form in which the record is available.
- b. 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.
- c. The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

Mark the appropriate box with an X.

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

**F. 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 the additional folios.

1. Indicate which right is to be exercised or protected:

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

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**G. 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?

\_\_\_\_\_  
\_\_\_\_\_

**H. Fees**

- a. A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee had been paid.
- b. You will be notified of the amount required to be paid as the request fee.
- 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.
- d. If you qualify for exemption of the payment of any fee, please state the reason for exception.

Reason for exemption from payment of fees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_

**Name, Surname and Signature of Requester / person on whose behalf request is made:**

\_\_\_\_\_

**FOR OFFICIAL USE** Reference number:

Request received by (Name, Surname of Information Officer): \_\_\_\_\_

Date received: \_\_\_\_\_

Access fees: \_\_\_\_\_

Deposit (if any): \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_

**Name, Surname and Signature of Information Officer:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



### Contact Us

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