



**FISH HOEK**  
BUSINESS IMPROVEMENT DISTRICT

**FORM A**

**REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**  
(Section 18(1) of the Promotion of Access to Information Act, 2000)

(Act No. 2 of 2000)  
[Regulation 6]

**FISH HOEK BUSINESS IMPROVEMENT DISTRICT**  
Registration No.: **2000/031844/08**

FOR DEPARTMENTAL USE	
Reference number	
Request received by (Name, Surname of information officer)	
Received on	
Received at (place)	
Request fee (if any)	R
Deposit (if any)	R
Access fee	R
Signature of information officer	

**A. Particulars of public body**

The Information Officer is the Chairperson of the Board, Mike Reaper

The **FISH HOEK BUSINESS IMPROVEMENT DISTRICT** NPC's details are as follows:

<b>Physical Address</b>	21 Second Avenue, Fish Hoek, Cape Town, 7975
<b>Postal Address</b>	138 Main Road, Fish Hoek, Cape Town, 7975
<b>Telephone number</b>	021 782 2297
<b>Website</b>	<a href="http://www.fishhoekbid.co.za">www.fishhoekbid.co.za</a>
<b>Email address of Information Officer</b>	mike@wakefords.com

**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 fax number 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	
Fax number	
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**

- (a) *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.*  
 (b) *If the provided space is inadequate, please continue on a separate folio and attach it to this form.*

**The requester must sign all of the *additional* folios.**

Description of record or relevant part of the record:

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Reference number, if available

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Any further particulars of record:

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**E. 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 has 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 exemption.

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

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**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 for in 1 to 4 below, state your disability and indicate in which form the record is required.

**Description of disability:**

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**Form in which record is required:**

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Mark the appropriate box with an X.

**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.

**If the record is in written or printed form**

<input type="checkbox"/>	Copy of record *	<input type="checkbox"/>	Inspection of record
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**If the record consists of visual images – (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):**

<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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**If the record consists of recorded words or information which can be reproduced in sound:**

<input type="checkbox"/>	Listen to soundtrack	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
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**If the record is held on computer or in an electronic or machine-readable form:**

<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*	<input type="checkbox"/>	Copy in computer readable form* (compact disc)
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\*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?

YES	NO
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**Postage is payable.**

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.

**In which language would you prefer the record?**

**G. Notice of decision regarding request for access**

You will be notified 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?**

Signed at ..... this .....day of..... 20.....

.....  
**SIGNATURE OF REQUESTER OR PERSON  
ON WHOSE BEHALF REQUEST IS BEING MADE**