

HAZCHEMWIZE (PTY) LTD

Registration Number: 2002/020331/07

FORM 3

**OUTCOME OF REQUEST
AND OF FEES PAYABLE**

**IN TERMS OF REGULATION 8 OF
THE PROMOTION OF ACCESS TO INFORMATION ACT 2 OF 2000**

Note:

1. If your request is granted the—
 - a. amount of the deposit, (if any), is payable before your request is processed; and
 - b. requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

| | |
|--------------------------|--|
| Reference Number: | |
| Request Date: | |
| To: | |
| | |
| | |
| | |

1. YOU REQUESTED

| | |
|--------------------------|--|
| <input type="checkbox"/> | <p>Personal inspection of information at registered address of public/private body (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) is free of charge.</p> <p>You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.</p> |
|--------------------------|--|

OR

2. YOU REQUESTED

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p>Printed copies of the information. (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</p> |
| <input type="checkbox"/> | <p>Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</p> |
| <input type="checkbox"/> | <p>Transcription of soundtrack. (written or printed document)</p> |
| <input type="checkbox"/> | <p>Copy of information on flash drive. (including virtual images and soundtracks)</p> |
| <input type="checkbox"/> | <p>Copy of record saved on cloud storage server</p> |

3. TO BE SUBMITTED

| | |
|--------------------------|---|
| <input type="checkbox"/> | <p>Postal services to postal address</p> |
| <input type="checkbox"/> | <p>Postal services to street address</p> |
| <input type="checkbox"/> | <p>Courier service to street address</p> |
| <input type="checkbox"/> | <p>E-mail of information(including soundtracks if possible)</p> |
| <input type="checkbox"/> | <p>Cloud share/file transfer</p> |
| <input type="checkbox"/> | <p>Preferred language: (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)</p> |

| 4. FEES PAYABLE WITH REGARDS TO YOUR REQUEST | | | |
|--|--|-----------------------|-------|
| ITEM | COST PER A4-size PAGE OR PART THEREOF/ITEM | NUMBER OF PAGES/ITEMS | Total |
| Photocopy | | | |
| Printed copy | | | |
| For a copy in a computer-readable form on: (i) Flash drive • To be provided by requestor | R40 | | |
| For a transcription of visual images per A4-size page | Service to be outsourced. Will depend on the quotation of the service provider | | |
| Copy of visual images | | | |
| Transcription of an audio record, per A4-size | R24.00 | | |
| Copy of an audio record: (i) Flash drive • To be provided by requestor | R40 | | |
| Postage, e-mail or any other electronic transfer: | Actual costs | | |
| TOTAL: | | | |

5. DEPOSIT PAYABLE

Signed at _____ on this _____ day of _____

INFORMATION OFFICER