



REPUBLIC OF SOUTH AFRICA

HAZCHEMWIZE (PTY) LTD

Registration Number: 2002/020331/07

FORM 2 REQUEST FOR: ACCESS TO RECORD IN TERMS OF REGULATION 7 OF THE PROMOTION OF ACCESS TO INFORMATION ACT 2 OF 2000

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

INFORMATION OFFICER DETAILS

IO Registration Number: 2024-003864

Name: Marce' Clare Joan Maneveldt

Tel: (011) 975-1278

Cell: 0823348870

Physical Address: 10 Zurich Road
Spartan
Kempton Park
1620

Date: 23 July 2025

Email: marcem@hazchemwize.co.za

Website: www.hazchemwize.co.za

Postal Address: P.O. Box 10122
Edleen
1619

Request For:

Mark the appropriate box with an "x".

<input type="checkbox"/>	Request is made in my own name (Complete part A)
<input type="checkbox"/>	Request is made on behalf of another person (Complete part A & B)

A	PERSONAL INFORMATION OF DATA SUBJECT
Full Names:	
Identity Number:	
Postal Address:	
Street Address:	
E-mail address:	
Contact Numbers:	Tel. (B):
	Cellular:
B	PERSONAL INFORMATION OF REQUESTER (when request made on behalf of another person)
Capacity in which request is made:	
Full Names:	
Identity Number:	
Postal Address:	
Street Address:	
E-mail address:	
Contact Numbers:	Tel. (B):
	Cellular:

PARTICULARS OF RECORD REQUESTED

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.)

**Reference number:
(if applicable)**

**Description of record:
(or relevant part of the record)**

Any further particulars of record:

FORM OF ACCESS

(Mark the applicable box with an "X")

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

MANNER OF ACCESS

(Mark the applicable box with an "X")

<input type="checkbox"/>	Personal inspection of record 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)
<input type="checkbox"/>	Postal services to postal address
<input type="checkbox"/>	Postal services to street address
<input type="checkbox"/>	Courier service to street address
<input type="checkbox"/>	E-mail of information (including soundtracks if possible)
<input type="checkbox"/>	Cloud share/file transfer
<input type="checkbox"/>	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)

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

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:

FEES

- a) A request fee must be paid before the request will be considered.
b) You 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.
d) If you qualify for exemption of the payment of any fee, please state the reason for exemption

Reason:

PREFERRED MANNER OF CORRESPONSE

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.

Postal Address:

Electronic communication:
(Please specify)

Signed at _____ on this _____ day of _____
LOCATION DAY MONTH YEAR

Signature _____ Signed by _____
OF DATA SUBJECT / DESIGNATED PERSON NAME OF DATA SUBJECT / DESIGNATED PERSON

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FOR OFFICIAL USE

To be completed by: Hazchemwize (Pty) Ltd

Reference number:**Date received:****Request received by:**
(State Rank, Name And Surname of
Information Officer)**Access fees:****Deposit:**
(if any)Signed at _____ on this _____ day of _____
LOCATION DAY MONTH YEARSigned by _____
INFORMATION OFFICER