

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000, Act No.2 of 2000)

Please Note : This form (and necessary attachments) is required to be stamped and signed by a Commissioner of Oath as requisite for submission to ISFAP (NPC).

Section A : Particulars of ISFAP.

Entity Name	Ikusasa Student Financial Aid Programme NPC
Company Registration Number	2016/533748/08
Website :	www.isfap.co.za
Phone Number	087 805 8500
Company Address	17 Fricker Road Illovo, 2196, South Africa

Name and Surname of the ISFAP Information Officer	:	Mr Mukatuni Martin Mukwevho
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Section B : Particulars of person requesting access to the record.

<i>(a) The particulars of the person who requests access to the record must be given below</i>
<i>(b) The address and/or fax number in the Republic to which the Information is to be sent must be given</i>
<i>(c) Proof of the capacity in which the request is made, if applicable, must be attached</i>

Full NAME/s AND SURNAME/	:	
IDENTITY NUMBER	:	
POSTAL ADDRESS	:	
FAX NUMBER	:	
TELEPHONE NUMBER	:	
EMAIL ADDRESS	:	
Capacity in which the request is made, when made on behalf of another person to be stated below:		

Section C : Particulars of the person on whose behalf the request is made.

*This section must be completed **ONLY** if a request for information is made on behalf of another person. Proof is required for authority in the form of an affidavit/ official letter of authorisation from the person on whose behalf the request is made and a certified copy of the identification of the requester and the person on whose behalf the request is made is required.*

FULL NAME/s AND SURNAME/	:	
IDENTITY NUMBER	:	

Section D : Particulars of the record.

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is what 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 to this form.
- (c) 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 the record	:	

Section E : Fees.

- (a) A request for access to a record containing personal information about yourself, will be processed only after a request fee has been paid, unless exempted.
- (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 and prepare for 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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Section 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 hereunder, state your disability and indicate in which form the record is required.

Disability	:	
Form in which the record is required	:	

Refer Below : Mark the appropriate box with an 'X'

- (a) Compliance with your request 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 of the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or in printed form:	
	Copy of record
	Inspection of record
2. If the record consists of visual images: <i>(This includes photographs, slides, video recordings, computer-generated images, etc.)</i>	
	View the images
	Copy of the images
	Transcription of the images
3. If the record consists of recorded words or information which can be reproduced in sound:	
	Listen to the audio
	Transcription of the audio
4. If the record is held on a computer or in other electronic form:	
	Printed copy of record
	Printed copy of information derived from the record
	Electronic copy of the record
	Electronic copy of information derived from the record

If you request a copy or transcription of the record (above) , do you wish for:	
	The copy or transcription to be posted to you
	The copy or transcription to be emailed to you
	The copy or transcription to be collectable at ISFAP NPC offices

Section 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 the additional folios

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

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

Section H: 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?

SIGNATURE OF REQUESTER

DATE

**SIGNATURE OF
COMMISSIONER OF OATH**

STAMP

DATE