

## FORM A

## REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY Section 18(1) of the Promotion of Access to Information Act. 2001

(Section 18(1) of the Promotion of Access to Information Act, 2000  $\,$ 

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

## OAKWOOD HUGHENDEN MEADOWS COMMUNITY IMPROVEMENT DISTRICT NPC Registration No.: 2019/377250/08

Registration 140:: 2010/01/200/00					
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, Chris Tisdall

The OAKWOOD HUGHENDEN MEADOWS COMMUNITY IMPROVEMENT DISTRICT NPC's details are as follows:

6 Meadow Close, Hout Bay, 7806
6 Meadow Close Way, Hout Bay, 7806
083 441 9560 / 083 441 1205
www.ohmcid.co.za
chris@ohmcid.co.za

Capacity in which requ	est is made, when made on behalf of another person:
C. Particulars of person	on whose behalf request is made
This sect	ion must be completed <b>ONLY</b> if a request for information is made on behalf of another person.
D. Particulars of record	
(a) Provide full particula enable the reco	ars of the record to which access is requested, including the reference number if that is known to you, to rd to be located. The is inadequate, please continue on a separate folio and attach it to this form.
	sign all of the <i>additional</i> folios.
Description of record of	or relevant part of the record:

(a) The particulars of the person who requests access to the record must be given below.

(c) Proof of the capacity in which the request is made, if applicable, must be attached.

(b) The address and/or fax number in the Republic to which the information is to be sent, must be given.

Reference number, if available				
Any further particulars of record:				
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 a	as the request fee.  ANNEXURE B			
search for and prepare a record.	ne form in which access is required and the reasonable time required to			
(d) If you qualify for exemption of the payment of any fee.  Reason for exemption from payment of fees:	, please state the reason for exemption.			
reason for exemption from payment of feed.				
F. Form of access to record				
If you are prevented by a disability to read, view or liste.	en 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 re	required.			
Description of disability:				
Form in which record is required:				
i offit iii willch tecora is required.				
Mark the appropriate box with an X.				
	form may depend on the form in which the record is available. (b) Access in			
the form requested may be refused in certain circumstances. (c) The fee payable for access to the record, if any, will be de	. In such a case you will be informed if access will be granted in another form. etermined partly by the form in which access is requested.			
If the record is in written or printed form				
Copy of record *	Inspection of record			
	I .			

	view the images	copy of the imag	es*		tran	scription of the images*	r
If the r	ecord consists of recorded word	ds or information which ca	n be reprodu	ıced in sour	nd:		
Listen to soundtrack transcription of sour document)				of soundtrack	* (written or printed		
If the r	record is held on computer or in	an electronic or machine-r	eadable forn	n:			
	printed copy of record*		Printed copy of information derived from the record*		Copy in computer readable form* (compact disc)		;
				Y	'ES	NO	
	Note that if the record is not avail	ilable in the language you pr	efer, access r	may be grant	ed in the lang	uage in which the recor availa	
G. Notic	ce of decision regarding request	for access					
You wil	I be notified whether your request honer and provide the necessary pa	nas been approved / denied.	If you wish to be with your r	be informed equest.	d in another m	anner, please specify	
						ANNEXURE	R
						, iiiii Zione	
Signed	at	thic	day of			20	
Oigrica	<u></u>		day or			Δ0	
SIGNAT	URE OF REQUESTER OR PERS	 ON					

ON WHOSE BEHALF REQUEST IS BEING MADE