ANNEXURE A

REQUEST FOR ACCESS TO RECORDS
of the
SOUTH AFRICAN WEATHER SERVICE
(SAWS)

Section 18 (1) of the Promotion of Access to Information Act, 2000
(Act 2 of 2000)
(Regulation 6)
Table Of Contents

1. SAWS PARTICULARS: ................................................................. 3
2. ADDRESSES: ........................................................................... 3
3. Particulars of Person Requesting Access to Records: .............. 4
4. Particulars of Person on whose behalf Request is made: ........ 4
5. Particulars of Record: ............................................................... 5
6. FEES: .................................................................................... 5
7. Form of Access to Record: ..................................................... 6
9. Signature: .............................................................................. 8
1. **SAWS PARTICULARS:**

   Contact Numbers:

   a) Head Office : 012 367 6000
   b) Information Officer : 012 367 6000
   c) Fax Number : 012 367 6175

2. **ADDRESSES:**

   a) E-mail Address: info2@weathersa.co.za
   
   b) Physical Address: Bolepi House  
      442 Rigel Avenue South  
      Erasmusrand  
      PRETORIA  
      0181
   
   c) Postal Address: Private Bag X 097  
      Pretoria  
      0001  
      South Africa
3. **Particulars of Person Requesting Access to Records:**

| 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 must be sent, must be given: |

| 3.1 | Full Names and Surname |
| 3.2 | Identity Number |
| 3.3 | Postal Address |
| 3.4 | Fax Number |
| 3.5 | Telephone Number |
| 3.6 | e-mail Address |
| 3.7 | Capacity in which request is made, when made on behalf of another person |

4. **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.

| 4.1 | Full Names and Surname |
| 4.2 | Identity Number |
5. **Particulars of Record:**

<table>
<thead>
<tr>
<th></th>
<th>Description of Record or relevant part of the Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Reference Number, if available</td>
</tr>
<tr>
<td>5.3</td>
<td>Any further particulars of Record</td>
</tr>
</tbody>
</table>

6. **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.

In your opinion, please state your reason for exemption from payment of Fees
7. **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 – 4 below, state your disability and indicate in which form you would prefer to receive your information.

<table>
<thead>
<tr>
<th>Disability:</th>
<th>Form in which record is required:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 required.

7.1 If the Record is in written or printed form:

☐ Copy of Record  ☐ Inspection of Record
7.2 If the Record consists of visual images, this includes photographs, slides, video recordings, computer generated images, sketches, etc.:

- View the images
- Copy the images
- Transcription of the images

7.3 If the Record consists of recorded words or information which can be reproduced in sound:

- Listen to the soundtrack (audio cassette)
- Transcription of soundtrack (written or printed document)

7.4 If Record is held on computer or in an electronic or machine readable form:

- Printed copy of Record
- Printed copy of Information derived from Record
- Copy in computer readable form (CD or DVD)

If you requested a copy or transcription of a Record (above), do you wish the copy or transcription to be posted to you? Postage is payable.

- YES
- NO

NOTE:
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?

_______________________________________________________________
8. **Notice of Decision regarding Request for Access:**

You will be notified in writing whether your request has been approved or 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?

9. **Signature:**

Signed at _____________________________ this _____________ day of __________________ 20_____

Signature of Requester / Person on who’s behalf Request is made

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**FOR OFFICIAL USE**

Reference No. _____________________________

Request received by: _____________________________

(state rank, name and surname of Information Officer / Deputy Information Officer on)

(date) _____________________________ at _____________________________ (place)

Request Fee (if any) : _____________________________

Deposit (if any) : _____________________________

Access Fee : _____________________________

Signature of INFORMATION OFFICE / DEPUTY INFORMATION OFFICER