

ANNEXURE A TO INFORMATION MANUAL
FORM FOR REQUEST FOR ACCESS TO A RECORD OF STP INSURANCE BROKERS

REQUEST FOR ACCESS TO RECORD OF A PRIVATE BODY

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

(Regulation 4)

Particulars of private body

Postal Address	Physical Address
<i>The Information Officer</i>	Warwick Place, 2 nd Floor, Buchanan Chambers
PO Box 31417	Pearce Road, Claremont, 7700
Tokai	Tel: +27 21 713 1500/510 2376
7966	Fax: +27 21 671 2616/671 3077
	E-mail: info@stpbrokers.co.za
	Website: www.stpbrokers.co.za

Particulars of person requesting access to the record

a)	The particulars of the person who requests access to the records must be recorded below.		
b)	Furnish an address and/or fax number in the Republic to which information must be sent.		
c)	Proof of the capacity in which the request is made, if applicable, must be attached.		
Full names and surname			
Identity number			
Postal address			
Telephone number		Fax number	
E-mail address			
Capacity in which request is made, when made on behalf of another person			

A. 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.	
Full names and surname	
Identity number	

B. Particulars of record

a)	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.
b)	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.	Description of record or relevant part of the record:
2.	Reference number, if available:
3.	Any further particulars of record:

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 therefore.
Reason for exemption from payment of fees	

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 record is required

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF REQUESTER/PERSON ON
WHOSE BEHALF REQUEST IS MADE