

ANNEXURE A - FORM 2
REQUEST FOR ACCESS TO RECORD(S) OF INFORMATION HELD BY SNG
GRANT THORNTON

[Regulation 7]

Note:

1. *Proof of identity must be attached by the requester.*
2. *Proof of Authorisation if a request is made on behalf of another person must be attached to this form.*
3. *All requests for information to be sent to the below-mentioned email and business addresses.*

TO: Information Officer

Name: Victor Sekese

Landline: +27 (0) 861 17 6782

Deputy Information Officer

Name: Ronèl Van Wyk

Landline: +27 (0) 861 17 6782

Mobile: +27 (83) 555 3582

Email: Data.officer@sng.gt.com

Access to information general contacts

Email: info@sng.gt.com

Business premises

Postal address: PO Box 2939, Saxonwold, 2132

Physical address: 152, 4th Road, Noordwyk, Midrand, 1687

Landline: +27 (0) 861 17 6782

Website: www.grantthornton.co.za

Please mark with an “X”

<i>Request is made in my own name</i>	
<i>Request is made on behalf of another person(s)</i>	

PERSONAL INFORMATION				
<i>Full names</i>				
<i>Surname</i>				
<i>Identity number</i>				
<i>Capacity in which request is made – when made on behalf of another person</i>				
<i>Postal address</i>				
<i>Street address</i>				
<i>E-mail address</i>				
<i>Contact numbers</i>	Business		Cellular	
<i>Full names of person on whose behalf request is made (if applicable)</i>				
<i>Identity number</i>				
<i>Postal address</i>				
<i>Street address</i>				
<i>E-mail address</i>				
<i>Contact numbers</i>	Business		Cellular	

PARTICULARS OF RECORD REQUESTED	
<i>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. Please continue on a separate page should the space provided be inadequate. Kindly attach all the separate pages to this form. All additional pages must be signed by the requester.</i>	
Description of record or relevant part of the record	
Reference number, if available	

Any further particulars of record	
TYPE OF RECORD (Mark applicable box with and "X")	
Record is in written or printed form	
Record comprises virtual images (<i>this include photographs, slides, video recordings, computer-generated images, sketches, etc</i>)	
Record consists of recorded words or information which can be reproduced in sound	
FORM OF ACCESS (Mark the applicable box with an "X")	
Printed copy of record (<i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i>)	
Written or printed transcription of virtual images (<i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i>)	
Transcription of soundtrack (<i>written or printed document</i>)	
Copy of record on flash drive (<i>including virtual images and soundtracks</i>)	

MANNER OF ACCESS (Mark applicable box with and "X")	
Personal inspection of record at registered address of public/private body (<i>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</i>)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
E-mail of information (<i>including soundtracks if possible</i>)	
Cloud share/file transfer	
Preferred language: (<i>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</i>)	

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED <i>Please continue on a separate page should the space provided be inadequate.</i>
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<i>Kindly attach all the separate pages to this form. All additional pages must be signed by the requester.</i>	
Indicate which right is to be exercised or protected	
Explain why the record requested is required for the exercise or protection of the 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	

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. Please indicate your preferred manner of correspondence:

<i>Postal address</i>	
<i>Electronic communication (Please specify)</i>	

Signed at _____ this _____ day of _____ 20____.

Signature of requester/person on whose behalf request is made

FOR OFFICIAL USE

Reference number	
Request received by (position, name and surname of the information officer)	
Date received	
Access fees	
Deposit (if any)	

Signature of Information Officer