

## FORM 2

### REQUEST FOR ACCESS TO RECORD

[Regulation 7]

Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

**NOTE:** This form must be completed and submitted to the Information Officer of Noiz Cybersecurity (Pty) Ltd.

#### A. PARTICULARS OF PRIVATE BODY

The Information Officer:

Noiz Cybersecurity (Pty) Ltd

6 Shaul Avenue, Libradene, Boksburg, 1459, South Africa

Email: legal@noiz.co.za

Tel: +27 76 903 4821

#### B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

Full Names: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Capacity in which request is made (if on behalf of another person): \_\_\_\_\_

#### C. 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: \_\_\_\_\_

Identity Number: \_\_\_\_\_

#### D. PARTICULARS OF RECORD

1. 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. If the provided space is inadequate, please continue on a separate page and attach it to this form. The requester must sign all additional pages.

Description of record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference number (if known): \_\_\_\_\_

2. If you are unable to identify the record, please provide any additional information that may assist the Information Officer to locate the record:

\_\_\_\_\_

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\_\_\_\_\_

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## E. FEES

1. 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.
2. You will be notified of the amount required to be paid as the request fee.
3. 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.
4. If you qualify for exemption of the payment of any fee, please state the reason for exemption:

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## 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 below, state your disability and indicate in which form the record is required.

Disability: \_\_\_\_\_ Form required: \_\_\_\_\_

### 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 requested.

1. If the record is in written or printed form:

☐ Copy of record

☐ Inspection of record

2. If record consists of visual images:

☐ View the images

☐ Copy of the images

☐ Transcription of the images

3. If 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)

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 the record

☐ Copy in computer readable form (e.g. email)

## G. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the request is made in respect of information about a third party, the requester must indicate which right is sought to be exercised or protected and explain why the record requested is required for the exercise or protection of that right:

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## 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:

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

### FOR OFFICE USE ONLY

Reference Number:	_____	Date Received:	_____
Request Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	R _____
Access Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	_____