

FORM 2
REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

This form is in terms of Section 53(1) of the Promotion of Information Act 2 of 2000

[Regulation 7]

Note:

1. Proof of Identity must be attached but the requester.
2. If the request is made on behalf of another person, proof of such authorisation must be attached to this form.

A. PARTICULARS OF PRIVATE BODY

African Bank Details:

The Information Officer

African Bank

Postal address: Private Bag x170, Halfway House, 1685

Physical address: 59 16th Road, Halfway House, 1685

Email address: ThirdPartyRequests@AfricanBank.co.za (for any request on behalf of a customer)

PAIAOfficer@AfricanBank.co.za

Request is in my own name

Request is made on behalf of another person

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

**Compulsory information*

Full Names and Surname / Full Company Name:

Identity / Registration Number

Physical Address

Postal address

Telephone number _____ Fax number: _____

E-mail address _____

Contact Person (for Company or other entity) _____

Capacity in which request is made, when made on behalf of another person

**Attach power of attorney hereto*

C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE (AFRICAN BANK CUSTOMER DETAILS)

Full names and surnames _____

Identity number: _____

D. PARTICULARS OF RECORD

(a) *Provide full particulars of the record to which access is requested, including the reference number if you know that, 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 required (copy , original, dated, stamp)

2. Reference number _____

3. Any further particulars of record: _____

E. FORM OF ACCESS TO RECORD

NOTES:

(a) Compliance with your request 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.

F. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED:

NOTES:

If the provided space is inadequate, please continue of a separate folio and attach it to this form. **The requester must sign all the additional folios.**

1. Indicate which rights are to be protected:

2. Explain why the requested record is required for the exercising or protection of the aforementioned right:

G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS:

NOTES:
You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof in another manner, please specify the manner, and provide the necessary particulars to enable compliance with your request

1. How would you prefer to be informed of the decision regarding your request for access to the record?

Signature:.....

Signed at.....on this..... day of20...

Company stamp /Identification: