

# National Department of Human Settlements (Public Body) PAIA Request Form for Access to a Record(s)

English will be the formal communication language.

**NATIONAL DEPARTMENT OF HUMAN SETTLEMENTS (PUBLIC BODY) REQUEST FORM FOR ACCESS TO A RECORD(S)** (Section 18(1) of the Promotion of Access to Information Act, 2000 [Act No. 2 of 2000]). This form corresponds with the form published in Annexure B, Form A, of the Regulations (No. R. 187) [Regulation 6] published in the Gazette on 15 February 2002: Request for access to record of public body

- (a) *You, the requester, must comply with all the procedural requirements. You will be notified of non-compliance.*
- (b) *All applicable fields are compulsory - to be completed in **print with black pen***

## A. Particulars of public body

Send or deliver your completed Request Form to:

| PAIA Centre Contact Detail                       |  |                       |                                |
|--|--|-----------------------|--------------------------------|
| <b>Postal Address:</b>                           | The Deputy Information Officer: SL Neethling<br>National Department of Human Settlements<br>Private Bag X644<br>PRETORIA<br>Republic of South Africa<br>0001 |                       |                                |
| <b>Street Address:</b><br>(For delivery by hand) | The Deputy Information Officer: SL Neethling<br>Metro Park<br>351 Schoeman Street<br>PRETORIA  |                       |                                |
| <b>Office Hours:</b>                             | 07:30 - 09:30<br>09:45 - 12:15<br>13:00 - 14:30<br>14:45 - 16:00   | <b>Cashier Hours:</b> | 10:00 - 11:00<br>14:00 - 14:30 |

## B. Particulars of person requesting access to the record

- (a) *The particulars of the person requesting access to the record must be given below.*
- (b) *The address and/or fax number in the Republic to which the information is to be sent, must be given.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*
- (d) *A Request fee payable by requester other than a personal requester, referred to in regulation 11(2), is **R35,00**.*
- (e) *The request fee must be paid before a request can be processed*

Are you a: (Mark the appropriate grey box with an X)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Personal Requester (Seeking access to a record containing personal information about yourself) <b>NOTE:</b> <i>Please attach a copy of your Identification Document to prevent wrongful disclosure of personal information.</i> |
| <input type="checkbox"/> | Requester (A person making request for access to a record of the National Department of Housing)  |
| <input type="checkbox"/> | Public Body Requester (Only those public bodies that are exercising a public power or performing a public function in terms of Legislation)   |

Requesting on behalf of someone (A person making a request on behalf of someone)

Surname: \_\_\_\_\_

Full names: \_\_\_\_\_

Identity number: \_\_\_\_\_ **NOTE:** Please attach a copy of your Identification Document to prevent wrongful disclosure of personal information.

Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_ Telephone Nr (Work) : (\_\_\_\_\_) \_\_\_\_\_

Telephone Nr (Home): (\_\_\_\_\_) \_\_\_\_\_ Cell Nr : (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**C. Particulars of person on whose behalf request is made**

- (c) This section must be completed ONLY if a request for information is made on behalf of another person;
- (d) Proof of the capacity in which the request is made, e.g. in the form of an affidavit or Power of Attorney must be included.

Capacity in which request is made, when made on behalf of another person: (Please indicate) Parent, Guardian, Attorney, Doctor, Child, Widow, Widower, Spouse, Other (specify):

\_\_\_\_\_

Surname: \_\_\_\_\_

Full names: \_\_\_\_\_

Identity number: \_\_\_\_\_

**Please include proof of the capacity in which the request is made.**

**D. 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, and/or the Department/Directorate/Person where it is held, 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.**
- (c) Be as specific as possible.

1. Description/content of record or relevant part of the record(s), (e.g. subject, title, date of record, etc):

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2. Reference number, if available:

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3. Any further particulars of record, i.e. the type of record(s) e.g. minutes, etc:

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4. Department/Directorate/Person where record is held (if known):

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5. Has prior written consent been obtained from any third party/parties? (Please attach a certified copy of the written consent obtained)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

**E. Fees** [Regulations 187, dd 15 February, Annexure A]

|     |   |
|-----|---|
| (a) | <i>Indicate the method of payment, e.g. cheque, cash or bank transfer etc.<br/>Bank Details: Department of Human Settlements<br/>Standard Bank, Vander Walt (010145), Account number: 010160310</i> |
| (b) | <i>A request for access to a record, other than a record containing personal information about yourself, will be processed only after a <b>request fee</b> has been paid.</i>                       |
| (c) | <i>Processing of the request will only commence when the request fee (where applicable) has been received. Include a copy of the proof of payment with the request</i>                              |
| (d) | <i>If no payment has been received, you will be notified of the amount required to be paid as the request fee.</i>  |
| (e) | <i>The <b>fee payable for access</b> to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.</i>                           |
| (f) | <i>If you qualify for exemption of the payment of any fee, please state the reason for exemption.</i>   |

Method of payment: (Mark the appropriate grey box with an **X**)

|                          |      |                          |               |                          |        |
|--------------------------|------|--------------------------|---------------|--------------------------|--------|
| <input type="checkbox"/> | Cash | <input type="checkbox"/> | Bank Transfer | <input type="checkbox"/> | Cheque |
|--------------------------|------|--------------------------|---------------|--------------------------|--------|

Reason for exemption from payment of fees: \_\_\_\_\_

**F. Form of access to record**

- (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.
- (d) If the record does not exist in the preferred language or no preference has been indicated by the requester, access will be given in the language in which the record exists [Section 31]
- (e) A search and preparation fee of the requested record is **R15,00 for each hour or part of an hour, excluding the first hour**

|  |   |                          |  |
|--|---|--------------------------|--|
| Mark the appropriate grey box with an X.   |   |                          |  |
| <b>1. If the record is in written or printed form:</b>   |   |                          |  |
| <b>Access fees:</b>  |   |                          |  |
| ▪ Every photocopy of an A4-size page or part thereof = <b>R0,60</b>  |   |                          |  |
| <input type="checkbox"/>   | Inspection of record at PAIA centre (free of charge)                      | <input type="checkbox"/> | copy of record*  |
| <b>2. If the record consists of visual images -</b><br>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.): |   |                          |  |
| <b>Access fees:</b>  |   |                          |  |
| ▪ A copy of visual images = <b>R60,00</b>  |   |                          |  |
| ▪ A transcription of visual images, for an A4-size page or part thereof = <b>R22,00</b>  |   |                          |  |
| <input type="checkbox"/>   | View the images at PAIA centre (free of charge)                           | <input type="checkbox"/> | copy of the images*  |
| <input type="checkbox"/>   |   | <input type="checkbox"/> | transcription of the images*                               |
| <b>3. If the record consists of recorded words or information that can be reproduced in sound:</b>   |   |                          |  |
| <b>Access fees:</b>  |   |                          |  |
| ▪ A copy of an audio record = <b>R17,00</b>  |   |                          |  |
| ▪ A transcription of an audio record, for an A4-size page or part thereof = <b>R12,00</b>  |   |                          |  |
| <input type="checkbox"/>   | Listen to the soundtrack (audio cassette) at PAIA centre (free of charge) | <input type="checkbox"/> | transcription of soundtrack* (written or printed document) |
| <b>4. If the record is held on computer or in an electronic or machine-readable form:</b>  |   |                          |  |
| <b>Access fees:</b>  |   |                          |  |
| ▪ Every printed copy of an A4-size page or part thereof held on a computer or in machine-readable form = <b>R0,40</b>                                    |   |                          |  |
| ▪ A copy in a computer-readable form on:   |   |                          |  |
| • Stiffy disc = <b>R5,00</b>   |   |                          |  |
| • Compact Disc = <b>R40,00</b>   |   |                          |  |
| <b>NOTE:</b> Electronic copies can only be supplied in the format as available with the National Department of Housing.                                  |   |                          |  |
| <input type="checkbox"/>   | printed copy of record*   | <input type="checkbox"/> | printed copy of information derived from the record*       |
| <input type="checkbox"/>   |   | <input type="checkbox"/> | copy in computer readable form* (stiffy or compact disc)   |

**G. Delivery Method**

|   |     |    |
|---|-----|----|
| Requested copy or transcription (indicated with*) of record to be posted<br><b>A postal fee shall be payable for copies to be posted.</b> | YES | NO |
| Requested copy or transcription of record to be personally collected by yourself  | YES | NO |

**H. Language**

In which language would you prefer the record? \_\_\_\_\_

**NOTE:** if the record is not available in the language of preference, access may be granted in the language in which the record is available.

**I. Disability**

*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 above, state your disability and indicate in which form the record is required.*

Disability:

\_\_\_\_\_

Alternative form in which record is required:

\_\_\_\_\_

**J. Notice of decision regarding request for access**

*You will be notified in writing (post) whether your request has been approved/denied. If you wish to be informed in another manner as well, please specify the manner and ensure that the necessary particulars to enable compliance with your request are provided.*

**K. Notice of decision on request for access**

State the manner (other than by post) in which you prefer to be informed of the **decision** regarding your request for access to the record? (Ensure that you have completed the particulars in paragraph B above)

Mark **ONE** appropriate grey box with an **X**

|                          |                  |                          |                  |                          |        |                          |     |
|--------------------------|------------------|--------------------------|------------------|--------------------------|--------|--------------------------|-----|
| <input type="checkbox"/> | Telephone (Work) | <input type="checkbox"/> | Telephone (Home) | <input type="checkbox"/> | E-mail | <input type="checkbox"/> | Fax |
|--------------------------|------------------|--------------------------|------------------|--------------------------|--------|--------------------------|-----|

Signed at (Place) \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

PS: The period of 30 days to deal with a request may be extended for a further period of not more than 30 days. By signing here you will consent willingly that your request for access can be extended from 30 to 60 days.

\_\_\_\_\_  
SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

**FOR DEPARTMENTAL USE ONLY**

National Department of Human Settlements **PAIA Request Reference number:** \_\_\_\_\_

Request received by Surname and Name of Information Officer/Deputy Information Officer:

\_\_\_\_\_

Rank: \_\_\_\_\_

On: \_\_\_\_\_ (date, e.g. 25 February 2003)

At: \_\_\_\_\_ (place).

Request fee (if any): R \_\_\_\_\_ Receipt nr \_\_\_\_\_

**Access Fees:**

- Deposit (if any): R \_\_\_\_\_ Receipt nr \_\_\_\_\_
- Reproduction: R \_\_\_\_\_ Receipt nr \_\_\_\_\_
- Search and/or preparation fee: R \_\_\_\_\_ Receipt nr \_\_\_\_\_
- Postal fee: R \_\_\_\_\_ Receipt nr \_\_\_\_\_

**TOTAL** R \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER