

## Request for access to record of private body

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

(Regulation 10)

### 1. Particulars of private body

Information officer	Surina Meintjes
Postal address	PO Box 786722, Sandton, 2146
Physical address	Discovery Building, 155 West Street, Sandton
Telephone number	011 529 2980
Fax number	011 539 1887
Email address	compliance@discovery.co.za
Website	www.discovery.co.za

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

- a) The particulars of the person who requests access to the record 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

Surname

Identity number

Postal address   
 Code

Telephone number   Fax

Email address

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

### 3. 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

Surname

Identity number



**7. Particulars of right to be exercised or protected**

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.*

Indicate which right is to be exercised or protected:

12 empty rectangular boxes for listing rights to be exercised or protected.

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

12 empty rectangular boxes for explaining the reason for the request.

**8. 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.

3 empty rectangular boxes for specifying the manner of notification.

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

3 empty rectangular boxes for specifying the preferred method of notification.

Signed at (town or city) [grid of 20 boxes] on 2 0 [grid of 6 boxes]

Signature of requester/person on whose behalf request is made [signature box]