

**ANNEXURE 2: ACCESS REQUEST FORM**

<b>PARTICULARS OF DISCOVERY'S INFORMATION OFFICER</b>	
Requests can be submitted either via post, e-mail or fax and should be addressed to the Information Officer as indicated below:	
<b>Contact person</b>	Pieter van der Walt
<b>Postal Address</b>	P O Box 786722 Sandton 2146
<b>Physical Address</b>	Discovery Building 1 Discovery Place Sandton
<b>Phone Number</b>	011 529 0345
<b>Fax Number</b>	011 529 1887
<b>E-mail</b>	<a href="mailto:privacy@discovery.co.za">privacy@discovery.co.za</a>
<b>PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD</b>	
a) <i>The particulars of the person who requested access to the record must be given below.</i>	
b) <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</i>	
c) <i>Proof of capacity in which request is made, if applicable, must be attached</i>	
<b>Full names and surname</b>	
<b>Identity Number</b>	
<b>Postal Address</b>	
<b>Fax Number</b>	
<b>Telephone Number</b>	
<b>E-mail address</b>	
<b>Capacity in which request is made when made on behalf of another person</b>	

<b>PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE</b>		
<i>This section must be completed ONLY if a request for information is made on behalf of another person</i>		
<b>Full names and Surname</b>		
<b>E-mail address</b>		
<b>PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD (IF A LEGAL ENTITY)</b>		
<i>a) The particulars of the person who requested access to the record must be given below</i>		
<i>b) The address and/or fax number in the Republic to which the information is to be sent must be given</i>		
<i>c) Proof of capacity in which request is made, if applicable, must be attached</i>		
<b>Name of Entity</b>		
<b>Registration Number:</b>		
<b>Postal Address</b>		
<b>Fax Number</b>		
<b>Telephone Number</b>		
<b>E-mail address</b>		
<b>PARTICULARS OF RECORD</b>		
<i>a) Provide full particulars of the record to which access is requested, including the reference number if it is known to you, to enable the record to be requested</i>		
<i>b) If the provided space is inadequate please use a separate folio and attach it to this form. Please sign additional folios.</i>		
<b>Description of record or relevant part of the record.</b>		
<b>Reference Number (if available)</b>		
<b>Any further particulars of record.</b>		
<b>FEES</b>		

a) A request for access to a record will be processed only after a request fee has been paid.
b) You will be notified of the amount to be paid as the request fee
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.
<b>Reason for exemption from payment of fees:</b>
<b>FORM OF ACCESS TO RECORD</b>
Form in which record is required.
Mark the appropriate box with an X
<i>NOTES</i>
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 under certain circumstances. In such a case you will be informed whether 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 Images

Transcription of the images

3. If the record consists of recorded information that can be reproduced in sound

Listen to the soundtrack (audio)

Transcription of soundtrack

4. If the record is held on computer or in an electronic or machine-readable form (this includes photographs, slides, video recordings, computer generated images, sketches, etc.)

Printed copy of record

Printed copy of information derived from the record

Copy in computer readable form

If you requested a copy or transcription of a record (above) do you wish the copy of transcription to be posted to you? Note that postage is payable by you.

Yes	No
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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.

In which language would you prefer the record:

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### In the event of a disability

If you are prevented by a disability from reading, viewing or listening to the record, state your disability and indicate in the form in which the records is required:

**Disability**

**Form in which record is required**

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### PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

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

**1. Indicate the right to be exercised or protected:**

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

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**NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing whether your request has been approved or 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

**Would you prefer to be informed of the decision regarding your request for access to the record?**

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

SIGNATURE OF REQUESTOR/PERSON ON  
WHOSE BEHALF REQUEST IS MADE

**YOU MUST**

**SEND WITH THIS APPLICATION**

- |   |                                  |   |                                 |
|---|----------------------------------|---|---------------------------------|
| 1 | Complete all necessary spaces    | 1 | The request fee                 |
| 2 | Sign the access request form     | 2 | Any additional folios completed |
| 3 | Sign additional folios completed | 3 | Copy of Identity Document       |