

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

In terms of Section 53 (1) of the Promotion of Access to Information Act, 2000 (Act No. **2 of 2000))** [Regulation 10]

Α	Particulars of private body
Southern Sun Limited and it Attention: Information Offic Nelson Mandela Square So 2196 Sandton	
Private Bag X200, Bryanston 2021	
Telephone +27 11 461-977 hotelsprivacy@southernsun	
В	Particulars of person requesting access to the record:
(b) The address and/or fax r given.	rson who requests access to the record must be given below. number in the Republic to which the information is to be sent must be which the request is made, if applicable, must be attached.
Full name and surname:	
Identity number:	
Postal address:	
Telephone number:	
Fax number	
E-mail address	
Capacity in which request is made, when made on behalf of another person:	



С	Particulars of person on whose behalf request is made			
This section must be compl person.	eted ONLY if a request for information is made on behalf of another			
Full name and surname:				
Identity number:				
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, 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.				
Description of record or relevant part of the record:				
Reference number, if available:				
Any further particulars of record:				
E	Fees			
 (a) 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. (b) You will be notified of the amount required 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. 				
Reason for exemption from payment of fees:				



F			F	orm of access	s to red	cord	
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 in which re required:	ecord is						
the record is (b) Access in the be informed	available form re if access able for a	e. quested s will be	may be refused i granted in anothe	e specified form m in certain circums er form. v, will be determin	tances. I	n such a	case you will
Mark the appro	Mark the appropriate box with an X.						
1. If the record	l is in w	itten or	printed form:				
		Сору о	f record*			Inspect	ion of record
(this include	2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)::						
	View th images	е		Copy of the images*			Transcription of the images*
3. If record co	nsists o	f record	ed words or info	ermation which c	an be re	produce	ed in sound:
		Listen t soundt	to the rack (audio)			soundtr	ription of rack* (written or document
4. If record is I	neld on	compute	er or in an electr	onic or machine	-readab	e form:	
	Printed cop of record*			Printed copy of information derived from the record*			Copy in computer readable form*
			transcription of a record (above), do cription to be posted to you?			es	No
G			Particulars of right to be exercised or protected				
If the provided s The requester m				ue on a separate	folio and	attached	d it to this form.



1.	Indicate which right is to be exercised or protected:	
2.	Explain why the record requested is required for the exercise or protection of the aforementioned right:	
	н	Notice of decision regarding request for access
inf		g whether your request has been approved / denied. If you wish to be r, please specify the manner and provide the necessary particulars to ir request.
Ho be de red	ormed in another manne	r, please specify the manner and provide the necessary particulars to
Ho be de red red	ormed in another manner able compliance with you ow would you prefer to informed of the cision regarding your quest for access to the cord?	r, please specify the manner and provide the necessary particulars to

Once completed please return this and any necessary support as detailed below:

Attention: Rosa van Onselen

Postal Address: Private Bag X200, Bryanston 2021

or

E-mail: hotelsprivacy@southernsun.com