



Duncan Bailey Properties (PTY), Ltd 2014/020946/07  
FFC no 2022110343 (Registered with the PRPA)



## FORM 3 - OUTCOME OF REQUEST AND OF FEES PAYABLE

As required by Regulation 8 of PAIA

### Note:

1. If your request is granted the—
  - (a) amount of the deposit, (if any), is payable before your request is processed; and
  - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

### To:

|                  |  |
|------------------|--|
| The Requestor    |  |
| Address          |  |
|                  |  |
| Email address    |  |
| Reference Number |  |
| Date of request  |  |

### 1 You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

### OR

### 2 You requested:

|                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form) |  |
| Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)           |  |
| Transcription of soundtrack (written or printed document)                                                                                                     |  |
| Copy of record on flash drive (including virtual images and soundtracks)                                                                                      |  |
| Copy of record on compact disc drive (including virtual images and soundtracks)                                                                               |  |

Initial

|                                              |  |
|----------------------------------------------|--|
| Copy of record saved on cloud storage server |  |
|----------------------------------------------|--|

3

**To be submitted:**

|                                   |  |
|-----------------------------------|--|
| Postal services to postal address |  |
|-----------------------------------|--|

|                                   |  |
|-----------------------------------|--|
| Postal services to street address |  |
|-----------------------------------|--|

|                                   |  |
|-----------------------------------|--|
| Courier service to street address |  |
|-----------------------------------|--|

|                                                           |  |
|-----------------------------------------------------------|--|
| E-mail of information (including soundtracks if possible) |  |
|-----------------------------------------------------------|--|

|                           |  |
|---------------------------|--|
| Cloud share/file transfer |  |
|---------------------------|--|

|                    |  |
|--------------------|--|
| Preferred language |  |
|--------------------|--|

(please complete with an official language of the Republic)

*(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)*

|                                         |  |
|-----------------------------------------|--|
| Kindly note that your request has been: |  |
|-----------------------------------------|--|

|          |
|----------|
| Approved |
|----------|

|        |
|--------|
| Denied |
|--------|

|                                 |
|---------------------------------|
| If denied, state reasons below: |
|---------------------------------|

4

**Fees payable with regards to your request:**

| Item                                                                                                                                                                                | Cost per A4-size page or part thereof/item                                     | Number of pages/items | Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|-------|
| Photocopy                                                                                                                                                                           |                                                                                |                       |       |
| Printed copy                                                                                                                                                                        |                                                                                |                       |       |
| For a copy in a computer-readable form on:<br>(i) Flash drive<br>• To be provided by requestor<br>(ii) Compact disc<br>• If provided by requestor<br>• If provided to the requestor | R40.00<br><br>R40.00<br>R60.00                                                 |                       |       |
| For a transcription of visual images per A4-size page                                                                                                                               | Service to be outsourced. Will depend on the quotation of the service provider |                       |       |
| Copy of visual images                                                                                                                                                               | Service to be outsourced. Will depend on the quotation of the service provider |                       |       |
| Transcription of an audio record, per A4-size                                                                                                                                       | R24.00                                                                         |                       |       |

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| Initial |
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|                                                                                                                                                                                       |                                                      |              |                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------|--------------------------------------------------------------------------------|--|
| <b>Copy of an audio record</b><br><b>(i) Flash drive</b><br>• To be provided by requestor<br><b>(ii) Compact disc</b><br>• If provided by requestor<br>• If provided to the requestor |                                                      | R40.00       |                                                                                |  |
|                                                                                                                                                                                       |                                                      | R40.00       |                                                                                |  |
|                                                                                                                                                                                       |                                                      | R60.00       |                                                                                |  |
| <b>Postage, e-mail or any other electronic transfer:</b>                                                                                                                              |                                                      | Actual costs |                                                                                |  |
| <b>TOTAL:</b>                                                                                                                                                                         |                                                      | R            |                                                                                |  |
| 5                                                                                                                                                                                     | <b>Deposit payable (if search exceeds six hours)</b> | Yes          | No                                                                             |  |
|                                                                                                                                                                                       |                                                      |              |                                                                                |  |
| <b>Hours of search</b>                                                                                                                                                                |                                                      |              | <b>Amount of deposit (calculated on one third of total amount per request)</b> |  |

The amount must be paid into the following Bank account:

|                            |  |
|----------------------------|--|
| Name of account holder     |  |
| Name of bank               |  |
| Type of account            |  |
| Account number             |  |
| Branch code                |  |
| Reference number           |  |
| Submit proof of payment to |  |

|                  |  |    |  |    |  |
|------------------|--|----|--|----|--|
| DATED AT (place) |  | ON |  | 20 |  |
|------------------|--|----|--|----|--|

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Information Officer

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Initial