



Request for Access to Record

[Regulation 7]

NOTE:

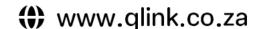
- 1. Proof of identity must be attached by the requester.
- 2 If requests are made on behalf of another person, proof of such authorisation must be attached to this form.

ТО	
Information Officer:	Jan Nel
Company Name:	Q LINK Holdings (Pty)
Postal address:	P O Box 73114, Lynwood Ridge, 0040
Telephone number:	012 443 6300
Fax number:	012 443 6373
E-mail address:	jan.nel@qlink.co.za

A. INFORMATION REQUESTED BY

Select the relevant below to indicate the individual requesting access records by marking the box using a 'X'.

	Request is made in my own name	Request is made on behalf of another persor







B. PERSONAL INFORMATION

PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD(S)				
Full Names:				
Identity Number:				
Capacity in which request is made				
(when made on behalf of another person)				
Postal Address:				
Street Address:				
E-mail Address:				
	Tel. (B):		Facsimile:	
Contact Numbers:	Cellular:		·	
PARTICULARS OF PERS	ON REQUES	TING ACCESS TO TH	E RECORD(S)	
Full names of person on				
whose behalf request are made (if applicable):				
Identity Number:				
Postal Address:				
Street Address:				
E-mail Address:				
	Tel. (B):		Facsimile:	
Contact Numbers:	Cellular:			

Pretoria: +27124436300 Glenfield Office Park Block F, 375 Oberon Avenue, Faerie Glen







C. PERSONAL INFORMATION

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. (IF THE PROVIDED SPACE IS INADEQUATE, PLEASE CONTIN-UE ON A SEPARATE PAGE AND ATTACHIT TO THIS FORM. ALL ADDITIONAL PAGES MUST BE SIGNED.)				
Description of record or relevant part of the record:				
Reference number, if available				
Any further particulars of record				

D. TYPE OF RECORD(S)

(MARK THE APPLICABLE BOX WITH AN "X")		
Record is in written or printed form.		
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.).		
Record consists of recorded words or information which can be reproduced in sound.		
Record is held on a computer or in an electronic, or machine-readable form.		







Data Request

COR-FOR-0051

FORM OF ACCESS	
(MARK THE APPLICABLE BOX WITH AN "X")	
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).	
Copy of record saved on cloud storage server.	

MANNER OF ACCESS (MARK THE APPLICABLE BOX WITH AN "X")	
Personal inspection of records 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).	
Postal services to postal address.	
Postal services to street address.	
Courier service to street address.	
Facsimile of information in written or printed format (including transcriptions).	
E-mail of information (including soundtracks if possible).	
Cloud share/file transfer.	
Preferred language	
(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)	

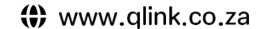




E. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

	TE, PLEASE CONTINUE ON A SEPARATE PAGE EQUESTER MUST SIGN ALL THE ADDITIONAL
Indicate which right is to be exercised or protected	
Explain why the record requested is required for the exercise or protection of the right:	
F . FEES	
B) YOU WILL BE NOTIFIED OF THE AMO C) THE FEE PAYABLE FOR ACCESS TO WHICH ACCESSIS REQUIRED AND THE FOR AND PRE- PARE ARECORD.	A RECORD DEPENDS ON THE FORM IN REASONABLE TIME REQUIRED TO SEARCH OF THE PAYMENT OF ANY FEE, PLEASE
Reason for exemption from payment of fees:	









G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

POSTAL	FACSIMILE	ELECTRONIC COMMUNICATION	
		(PLEASE SPECIFY)	
Signed at	this_	day of20	
Signature of Requeste	er / person on whose be	ehalf request is made	
	, , ,		

FOR OFFICIAL USE

THIS SECTION IS FOR OFFICIAL USE ONLY.	
Reference number:	
Request received by:	
(State Rank, Name and Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer

Pretoria: +27124436300 Glenfield Office Park Block F, 375 Oberon Avenue, Faerie Glen

