



military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

FORM A
REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY
(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2
of 2000))
[Regulation 10]

FOR DEPARTMENTAL USE

Reference number.....

Request received
by.....
(state rank, name and surname of information officer/deputy information officer) on
..... (date) at
.....(place).

Request fee (if any): R

Deposit (if any): R

Access fee: R

.....
SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

PART A: PARTICULARS OF THE DEPARTMENT

Mr T.E. Motumi
Director General
Department of Military Veterans
Private Bag X943
Pretoria
0001

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Any further particulars

PART E: FEES

Reason for exemption

PART F: FORM OF ACCESS TO RECORD

If you are prevented by a disability to read, view or listen to the record in the form of access provided in 1 to 4 below, state disability and indicate in which form the record is required

Disability _____

Form in which record is required _____

Mark the appropriate box with an X

1. If record is in printed form:			
Copy	<input type="checkbox"/>	Inspection	<input type="checkbox"/>
2. If record consists of visual images (including photographs, slides, videos, computer generated images, sketches):			



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View		Copy		Transcription	
3. If record consists of recorded words or information which can be reduced in sound:					
Listen to soundtrack			Transcription of soundtrack		
4. If record is held on a computer or an electronic machine – readable form					
Printed copy of record		Printed copy of information derived from record		Copy in readable form (stiffy or compact disk)	

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?	Yes	No
If record is not available in the language you requested, access may be granted in the language which is available		
In which language would you prefer the record? _____		

PART G: NOTICE OF DECISION REGARDING REQUEST FOR ACCESS

How would you prefer to be informed of the decision regarding your request for access to the record _____
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Signed at _____ this day _____ of _____ year _____

SIGNATURE OF REQUESTER/PERSON
WHOSE BEHALF REQUEST IS MADE