

## FORM 4 LODGING OF AN INTERNAL APPEAL

[Regulation 9]

Reference number:

PARTICULARS OF PUBLIC BODY							
Name of public body:							
Name and surname of information							
	officer:						
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL							
Full names:							
Identity number:							
Postal address:							
Contact numbers:	Tel. (E	3):	Facsimile:		csimile:		
	Cellula	Cellular:					
E-mail Address:							
Is the internal appeal lodged	Is the internal appeal lodged on beha-			Yes		No	
person?	• • • • •						
If answer is "yes", capacity in	n which	an interr	nal appeal				
on behalf of another person	is lodge	d: (Proo	f of the				
capacity in which appeal is le	odged, i	f applica	ble, must				
be attached.)							
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS							
	DOGED	(If lodge	ed by a thir	d party	·)		
Full names:							
Identity number:							
Postal address:							
Contact numbers:	Tel. (E		Facsimile:				
	Cellular:						
E-mail address:							
DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED							
		appropr	iate box with	n an "X"	)		
Refusal of request for access							
Decision regarding fees pres							
Decision regarding the extension of the period within which the request must be							
dealt with in terms of section 26(1) of the Act:							
Decision in terms of section 29(3) of the Act to refuse access in the form							
requested by the requester:							
Decision to grant request for access:							
GROUNDS FOR APPEAL							
(If the provided space is inadequate, please continue on a separate page and attach it to							
this form	n. all the	addition	nal pages mu	ust be s	igned.)		
State the grounds on which							
the internal appeal is							
based:							
	1		·				



State any other informathat may be relevant considering the appearance.	in					
You will be notified in your preferred mann	_	-	our inte	rnal appeal.	Please indicate	
Postal address		Facsimile		Electronic communication (Please specify)		
				•		
Signed at	gned at this			day of20		
	FFICIAL	FOR OFFICIAL		APPEAL		
Appeal received by: (state rank, name and officer) Date received:	d surname	e of Information			Yes	
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:						
	<u> </u>	OUTCOME OF AP	PEAL			
Refusal of request for access. Confirmed?	Yes No	New decision (if not confirmed)	7			
Fees (Sec 22). Confirmed?	Yes No	New decision (if not confirmed)				
Extension (Sec Yes 26(1)). Confirmed?		New decision (if not	7			

(if not

confirmed)

confirmed)

New decision

No

Yes

No

Access (Sec 29(3)).

Confirmed?



Request for access granted. Confirmed?	Yes No	New decision (if not confirmed)
Signed at20		this day of -
Relevant authority		