INTERNAL APPEAL FORM

FORM 4

[Regulation 9]

Reference Number:

PARTICULARS OF PUBLIC BODY						
Name of Public Boo						
Name and Surname Information Officer:	e of					
PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL						
Full Names						
Identity Number						
Postal Address						
Contact Numbers	Tel. (B)		Facsimi	le		
	Cellular					
E-Mail Address						
Is the internal appeal lodged on behalf of another person?			Yes		No	
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)						
PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)						
Full Names						
Identity Number						
Postal Address						
Contact Numbers	Tel. (B)		Facsimi	le		
	Cellular					

E-Mail Address	

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED						
(mark the appropriate box with an "X")						
Refusal of request for	access					
Decision regarding fe	ees prescribed in terms of section 22 of the Act					
Decision regarding th in terms of section 26	ne extension of the period within which the request must be dealt with (1) of the Act					
Decision in terms of s requester	ection 29(3) of the Act to refuse access in the form requested by the					
Decision to grant rea	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 the form. all the additional pages must be signed)						
State the grounds on which the internal appeal is based:						
State any other information that may be relevant in considering the appeal:						

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication (Please specify)

Signed at ______ this _____ day of _____ 20 ____

Signature of Appellant/Third party

FOR OFFICIAL USE

OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by:							
(state rank, name and surname of Information							
Officer)							
Date received:							
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				Yes			
relates, submitted by the information officer:				No			
OUTCOME OF APPEAL							
Refusal of request for access. Confirmed?	Yes		New decision (if not confirmed)				
	No						
Fees (Sec 22). Confirmed?	Yes		New decision (if not confirmed)				
	No						
Extension (Sec 26(1)). Confirmed?	Yes		New decision (if not confirmed)				
	No						
Access (Sec 29(3)). Confirmed?	Yes		New decision (if not confirmed)				
	No						
Request for access granted. Confirmed?	Yes		New decision (if not confirmed)				
	No						

Signed at ______ this _____ day of _____ 20 ____

Relevant Authority