

Note:

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

To: The Information Officer

Address	MOUTON EDUCATION FOUNDATION NPC trading as CURRO
	Building 9, Park du Cap Office Park, Mispel Road, Bellville, Western Cape, 7530
Email address	paiainfo@curro.co.za

Mark with a ✓

Request is made in my own name

Request is made on behalf of another person.

Personal information

Full name/s												
ID number												
Capacity in which request is made (when made on behalf of another person)												
Postal address												
Street address												
Email address												
Contact numbers	Work no.						Cellphone no.					
Full name/s of person on whose behalf request is made (if applicable):												
ID number												
Postal address												
Street address												
Email Address												
Contact numbers	Work no.						Cellphone no.					

Particulars of record requested

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 continue on a separate page and attach it to this form. All additional pages must be signed.

Name of Curro school where incident occurred	
Date and time of incident	
Description of record or relevant part of the record	
Any further particulars of record	
Any further relevant information	

Type of record

Mark the applicable box with a ✓

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

Nature of access

Mark the applicable box with a ✓

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 a ✓

Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer/in an electronic/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)

Email of information (including soundtracks if possible)

Cloud share/file transfer

*Preferred language

*If the record is not available in the language you prefer, access may be granted in the language in which the record is available.

Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected

Explain why the record requested is required for the exercise or protection of the aforementioned right:

Fees involved

- A request fee must be paid before the request will be considered.
- You will be notified of the amount of the access fee to be paid.
- c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- If you qualify for exemption of the payment of any fee, please state the reason for exemption

Fees involved (continued)

Reason:

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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 address

Electronic communication (please specify)

Signed at _____ on this _____ day of _____ 20_____.

Name of requester/person on whose behalf request is made

Signature

For official use

Reference number					
Request received by (State rank, name and surname of Information Officer)					
Date received:		Access fees		Deposit (if any)	

Name of Information Officer

Signature