FORM 3

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:

1. If your request is granted—
   (a) Deposit (if any) must be paid before your request is processed
   (b) Requested record/portion will only be released once proof of full payment is received
2. Always use this reference number in correspondence.

Reference number: _____

TO: _____

Your request dated _____ refers.

1. You requested:

(Mark with an "X" as required)

[ ] Personal inspection of information
[ ] Printed copies (including virtual images, transcriptions, computer-held information)
[ ] Written/printed transcription of virtual images
[ ] Transcription of soundtrack

[ ] Copy on flash drive
[ ] Copy on compact disc
[ ] Copy saved on cloud storage server

2. To be submitted:

[ ] Postal service to postal address
[ ] Postal service to street address
[ ] Courier service to street address
[ ] Facsimile of information
[ ] E-mail (including soundtracks if possible)
[ ] Cloud share/file transfer

Preferred language: _____

Kindly note that your request has been:

[ ] Approved
[ ] Denied, for the following reasons:

_____

_____

_____

3. Fees payable with regards to your request (plus VAT):

Item	Cost per A4-size page/item	Number of pages/items	Total
Photocopy	R4.00		
Printed copy	R4.00		
Copy in computer-readable form on:			
– Flash drive (provided by requestor)	R40.00		
– Compact disc (provided by requestor)	R40.00		
– Compact disc (provided to the requestor)	R60.00		
Transcription of visual images per A4 page (service outsourced, per quote)			
Copy of visual images			
Transcription of audio record, per A4-size page	R24.00		
Copy of audio record on flash drive (provided by requestor)	R40.00		
Copy of audio record on compact disc (provided by requestor)	R40.00		
Copy of audio record on compact disc (provided to requestor)	R60.00		
Postage, e-mail, or any electronic transfer	Actual costs		
TOTAL			

4. Deposit payable (if search exceeds six hours):

[ ] Yes [ ] No
Hours of search: _____
Amount of deposit (calculated on one third of total amount per request): _____

The amount must be paid into the following bank account:

BREGMAN MOODLEY ATTORNEYS
CAPITEC BUSINESS
BRANCH: SANDTON
BRANCH CODE: 450105
ACCOUNT 1050671406
REF: NAME SURNAME

Submit proof of payment to: info@bmalaw.co.za

Signed at _____ this _____ day of _____ 20_____

Information Officer: _____