

APPENDIX B – FORM 3

Province of the Eastern Cape



DEPARTMENT OF AGRICULTURE

Private Bag X0040, BISHO, 5605

SOUTH AFRICA

OUTCOME OF REQUEST AND OF FEES PAYABLE

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[\[Regulation 8.\]](#)

Note:

1. *If your request is granted the-*
 - (a) *amount of the deposit, (if any), is payable before your request is processed; and*
 - (b) *requested record/portion of the record will only be released once proof of full payment is received.*
2. *Please use the reference number hereunder in all future correspondence.*

TO:

Your request, dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public (*including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form*) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B of the Regulations.

OR

2. You requested:

Printed copies of the information (*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 information on flash drive (*including virtual images and soundtracks*)

Copy of information on compact disc drive (*including virtual images and soundtracks*)

Copy of record saved on cloud storage server

3. To be submitted:

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*)

E-mail of information (*including soundtracks if possible*)

Cloud share/file transfer

Preferred language:
available in the language you prefer, access may be granted in the language in which the record is available)

(Note that if the record is not

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Kindly note that your request has been:

	Approved
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	Denied, for the following reasons:
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4. Fees payable with regards to your request:

Item
Photocopy
Printed copy
For a copy of a computer readable form on: (i) Flash Drive To be provided by requester (ii) Compact Disc If provided by requester If provided to the requester
For a transcription of visual images per A4-size page
Copy of visual images
Transcription of an audio record, per A4-size
For a copy of an audio record (i) Flash Drive To be provided by requester (ii) Compact Disc

If provided by requester
If provided to the requester
Postage, e-mail or any other electronic transfer:
TOTAL:

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

☐ Yes

Hours of search	
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The amount must be paid into the following Bank account:

Name of account holder: Department of Rural Development and Agrarian Reform Eastern Cape

ABSA BANK

Account number: 4100215137

Branch Code: 632005

Branch : ABS EC PUBL SECTOR

Reference No: PAIA (Name & Surname)

Submit proof of payment:
Cheralee.oliver@drdar.gov.za

Signed at _____ this _____ day of _____ 20 _____

Deputy Information Officer

