



INFORMATION REGULATOR (SOUTH AFRICA)

Ensuring protection of your personal information
and effective access to information

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REQUEST FOR A COPY OF THE GUIDE

FORM 1

[Regulation 2]

I,

Full names:			
In my capacity as (mark with "x"):	Information officer		Other
Name of *public/private body (if applicable)			
Postal Address:			
Street Address:			
E-mail Address:			
Facsimile:			
Contact numbers:	Tel.(B):		Cellular:

hereby request the following copy(ies) of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
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<input type="checkbox"/> Afrikaans		<input type="checkbox"/> English	
<input type="checkbox"/> isiNdebele		<input type="checkbox"/> isiXhosa	
<input type="checkbox"/> isiZulu			

Manner of collection (mark with "x"):

Personal collection	Postal address	Facsimile	Electronic communication (Please specify)
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Signed at _____ this _____ day of _____ 20 _____

Signature of requester