FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8]

Note:							
1.	If your	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 pa	ayment is received.				
2.	. Please use the reference number hereunder in all future correspondence.						
	Refere	nce number:					
TO:							
Your re	equest da	ated, refers.					
You re	questec	1 :					
Perso	nal insp	ection of information at the registered address of Remgro Limited (including					
listeni	listening to recorded words, information which can be reproduced in sound, or information						
held o	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 y	ou. If yo	ou then require any form of reproduction of the information, you are liable for					
the fe	the fess prescribed in the fees table.						

OR

You requested:

Printed copies of the information (including copies of an 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				
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:				
(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)				
Kindly note that your request has been:				
Approved				
Denied for the following reasons:				

Fees payable with regards to your request:

Item	Cost per A4-size page	Number of	Total
	or part thereof/item	pages/items	
Photocopy			
Printed copy			
For a copy in a computer-readable form on: (i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00		
For a transcription of visual images per A4- size page Copy of visual images Transcription of an audio record, per A4- size page	Service to be outsourced. Will depend on quotation from Service provider.		
Size page Copy of an audio record on:			
(i) Flash drive (to be provided by requestor) (ii) Compact disc • If provided by requestor • If provided to the requestor	R40.00 R40.00 R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL			l

Deposit payable (if sea	arch exceeds six hours):		
Yes	No		
Hours of search		ount of deposit culated on one third of total amount p	er request)
The amount must be p	aid into the following Ba	nk account:	
Name of bank:			
Name of account holde	er:		
Type of account:			
Account number:			
Branch code:			
Reference number:			
Submit proof of payme	nt to:		_
Signed at	on this	day of	20
Signature of Information	n Officer		