Annexure A – PAIA Form 1

FORM 1

REQUEST FOR A COPY OF THE GUIDE

[Regulations 2 and 3] PAIA Forms - Information Regulator (inforegulator.org.za)

TO: **The Information Regulator**
P.O. Box 31533
Braamfontein
2017

Email address: helpdesk@inforegulator.org.za

Tel number: +27 (0) 10 023 5200

OR

TO: **The Information Officer**

Street Address: Palazzo Towers East
Montecasino Boulevard
Fourways
2055

Postal Address: Private Bag X190
Bryanston
South Africa
2021

Telephone: 011 510 7700
Fax number: +27112527344

Email: paia@tsogosun.com

I,

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

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

Language (make with “X”)		No. of copies	Language (make with “X”)		No. of copies
	Sepedi			Sesotho	
	Setswana			siSwati	
	Tshivenda			Xitsonga	
	Afrikaans			English	
	isiNdebele			IsiXhosa	
	isiZulu				

Manner of collection (mark with “x”)

Personal Collection	Postal address	Facsimile	Electronic communication (please specify)

Signed at _____ on this _____ day of _____ 20_____

_____
Signature of requester