FORM C

REQUEST FOR ACCESS TO RECORDS OF A PRIVATE BODY

Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

NOTES TO REQUESTERS:

(a) This form must be completed in full and submitted to the Information Officer of Hatfield Dental Studio.

(b) A request fee of R50.00 is payable (except where you are requesting your own personal information).

(c) Proof of identity must be submitted with this form.

(d) If the space provided is insufficient, you may attach additional pages. Please mark each attachment with the relevant section letter.

SECTION A: PRIVATE BODY DETAILS

Private Body Name	Dr N Erasmus and L Roos Inc (Hatfield Dental Studio)
Information Officer	Conrad Jan Erasmus (COO) | popia@hatfielddental.co.za | 012 362 5773
Physical Address	Hatfield Plaza Shopping Centre, 2nd Floor, 1122 Burnett Street, Pretoria, 0083

SECTION B: PARTICULARS OF PERSON REQUESTING ACCESS

Full Name / Company Name	
Identity / Registration Number ID, passport, or company reg no.	
Capacity (if not self) e.g. parent, legal representative	
Postal Address	
Telephone (Work)	
Telephone (Cell)	
Email Address	
Fax Number (if any)	

SECTION C: PARTICULARS OF PERSON TO WHOM RECORD RELATES (if different)

Full Name	
Identity Number	
Relationship to Requester	

SECTION D: DESCRIPTION OF RECORD(S) REQUESTED

Description of record(s) Be as specific as possible	

Reference number (if known)	

SECTION E: FORM OF ACCESS REQUESTED

If you are entitled to access, please indicate the form of access preferred:

☐ Copy of the record(s)
☐ Inspection of the record(s) at the practice
☐ Electronic copy (where available)
☐ Transcription of the record (where applicable)

SECTION F: REASON FOR REQUEST

(Note: A private body is not obliged to ask for the reason for a request. However, providing the reason may expedite the process and is required where you seek to override a ground of refusal.)

Reason for requesting access Optional but recommended	
Right being exercised or protected e.g. right to health records, right to information for legal proceedings	

SECTION G: PERSONAL INFORMATION REQUEST (own records)

If you are requesting access to your own personal records held by the practice:

☐ Yes — I am requesting access to my own personal information. (No request fee applies.)
☐ No — I am requesting access to records about another person or for another purpose.

SECTION H: SIGNATURE AND UNDERTAKING

I hereby declare that the information provided in this form is true and correct to the best of my knowledge. I understand that:

(a) A request fee of R50.00 is payable where I am not requesting my own personal information.

(b) I may be required to pay an access fee based on the format and volume of the records provided.

(c) Providing false information to obtain access to records is an offence under PAIA.

Signature of Requester **Date**

FOR OFFICE USE ONLY

Date received: _____ | Ref no: _____ | Request fee paid: Yes / No |
Received by: _____