



DERIVCO

ANNEXURE B

OUTCOME OF REQUEST AND OF FEES PAYABLE

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: The Information Officer

Derivco (Pty) Ltd

77 Armstrong Avenue,

La Lucia,

Durban North,

4051

Telephone Number : (+27) 31 580 1000

Email Address : InformationOfficer@derivco.co.za

Reference Number: _____

Your request dated _____, refers.

1. You requested:

Personal inspection of information at registered address of public / private body <i>(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)</i> 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.	
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OR

2. You requested:

Printed copies of the information <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	
Written or printed transcription of virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
Transcription of soundtrack <i>(written or printed document)</i>	
Copy of information on flash drive <i>(including virtual images and soundtracks)</i>	
Copy of information on compact disc drive <i>(including virtual images and soundtracks)</i>	
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 <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
Cloud share / file transfer	
Preferred language: <i>(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)</i>	

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof / item	Number of pages / items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive <ul style="list-style-type: none"> • To be provided by requestor: 	R40.00		
(ii) Compact disc <ul style="list-style-type: none"> • If provided by requestor: • If provided to the requestor: 	R40.00 R60.00		
For a transaction of visual images per A4-size page:	Service to be outsourced. Will depend on the quotation of the service provider.		
Copy of visual images:			
Transcription of an audio record, per A4-size:	R24.00		
Copy of an audio record			



(i) Flash drive • To be provided by requestor:	R40.00		
(ii) Compact disc • If provided by requestor:	R40.00		
• If provided to the requestor:	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

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

Yes

No

Hours of search	Amount of deposit (<i>calculated on one third of total amount per request</i>)

The amount must be paid into the following Bank account:

Name of Bank : _____
 Name of Account Holder : _____
 Type of Account : _____
 Account Number : _____
 Branch Code : _____
 Reference No. : _____
 Submit proof of payment to : _____

Signed at _____ this _____ day of _____ 20__.

Information Officer

