

**FORM 4- LODGING OF AN INTERNAL APPEAL**

[Regulation 9.]

Reference number: .....

<b>PARTICULARS OF PUBLIC BODY</b>			
Name of public body:			
Name and surname of information officer:			
<b>PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL</b>			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile: <input type="checkbox"/>
	Cellular:		
E-mail Address:			
Is the internal appeal lodged on behalf of another person?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: <i>(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)</i>			
<b>PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED (If lodged by a third party)</b>			
Full names:			
Identity number:			
Postal address:			
Contact numbers:	Tel. (B):		Facsimile: <input type="checkbox"/>
	Cellular:		
E-mail Address:			
<b>DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED</b> <i>(mark the appropriate box with an "X")</i>			
Refusal to grant access to a record:			<input type="checkbox"/>
Decision regarding fees prescribed in terms of section 22 of the Act:			<input type="checkbox"/>
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26 (1) of the Act:			<input type="checkbox"/>
Decision in terms of section 29 (3) of the Act to refuse access in the form requested by the requester:			<input type="checkbox"/>
Refusal to grant any part of the record sought:			<input type="checkbox"/>

**GROUNDS FOR APPEAL**

*(If the provided space is inadequate, please continue on a separate page and attach it to this form, all the additional pages must be signed.)*

State the grounds on which the internal appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at ..... this ..... day of ..... 20 .....

.....

*Signature of appellant/Third party*

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**FOR OFFICIAL USE  
OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: <i>(state rank, name and surname of Information officer)</i>		
Date received:		
Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:	Yes	
	No	

**OUTCOME OF APPEAL**

Refusal to grant access to a record. Confirmed?	Yes	New decision <i>(if not confirmed)</i>	
	No		
Fees (Sec 22). Confirmed?	Yes	New decision <i>(if not confirmed)</i>	
	No		
Extension (Sec 26 (1)). Confirmed?	Yes	New decision <i>(if not confirmed)</i>	
	No		
Access (Sec 29 (3)). Confirmed?	Yes	New decision <i>(if not confirmed)</i>	
	No		
Refusal to grant any part of the record sought. Confirmed?	Yes	New decision <i>(if not confirmed)</i>	
	No		

Signed at ..... this ..... day of ..... 20 .....

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*Relevant authority*