



REQUEST FORM

A. Particulars of Husqvarna South Africa (Pty) Ltd

Managing Director: Pieter Smuts

Postal address: Market Road Extension
Mkondeni
Pietermaritzburg
3201

Telephone number: +27 (0) 33 846 9700

E-mail address: popia@husqvarnagroup.com

B. Particulars of person requesting access to the record

Full names and surname:	<input type="text"/>
Identity number:	<input type="text"/>
Postal address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Fax number:	<input type="text"/>
Telephone number:	<input type="text"/>
E-mail address:	<input type="text"/>

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person.

Full names and surname:	<input type="text"/>
Identity number:	<input type="text"/>

D. Particulars of record

1. Description of record or relevant part of the record:

<input type="text"/>
<input type="text"/>
<input type="text"/>

2. Reference number, if available:

3. Any further particulars of record:

<input type="text"/>
<input type="text"/>

E. Fees

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- (d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability:

Form in which the record is required:

Mark the appropriate box with an X.

NOTES:

- (a) Compliance with your request in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or printed form:

Copy of record:

Inspection of record:

2. If the record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc):

View the images:

Copy of the images:

Transcription of the images:

3. If the record consists of recorded words or information which can be reproduced in sound:

Listen to the soundtrack (audio cassette):

Transcription of the soundtrack (written or printed document):

4. If the record is held on computer or in an electronic or machine-readable form:

Printed copy of the record:

Printed copy of information derived from the record:

Copy in computer readable form (CD):

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you (postage is payable)?

Yes:

No:

G. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

Indicate which right is to be exercised or protected:

Explain why the record requested is required for the exercise or protection of the aforementioned right:

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at on this day of 20

**SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE**