

### Superior Homes Management CC t/a Dely & de Kock

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Physical: 1272 Cunningham Avenue, Waverley, Pretoria, 0186 Postal: 1272 Cunningham Avenue, Waverley, Pretoria, 0186

Registration number: 2006/050496/23

Principal: Madeline Fourie

# FORM 2- REQUEST FOR ACCESS TO INFORMATION

As required by Regulation 7 of PAIA

#### Note:

Proof of identity must be attached by the requester.

If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

#### To:

The Organisation	SUPERIOR HOMES MANAGEMENT T/A DELY & DE KOCK			
The Information Officer	MADELINE FOURIE			
Address	1272 CUNNINGHAM AVENUE, WAVERLEY, PTA, 0186			
Email address	madeline@delydekock.co.za			
Fax number	N/A			
<b>Request in made</b> (mark with an <b>X</b> ):	in the requester's own name	on behalf of another person		
Capacity- should the request be made on behalf of another person				

## 1 Personal Information

Full names	
Identity number	
Postal address	
Street address	
Email address	
Fax number	
Cell phone number	Home telephone number

Only to be completed if the request is made on behalf of another person

	Initial

Full names of other person		
Identity number		
Postal address		
Street address		
Email address		
Fax number		
Cellphone number	Home telephone number	
Particulars of requested record		
	to which access is requested, including the reference number if that is kno if the provided space is inadequate, please continue on a separate page are st be signed.)	
Description of record or relevant	part of the record	
Reference number (if available)		
Any further particulars of record		
Type of record (mark the applicable	e with an <b>X</b> )	
Record is in written or printed form		
Record comprises virtual images (th images, sketches, etc.)	is includes photographs, slides, video recordings, computer-generated	
Record consists of recorded words of	or information which can be reproduced in sound	
Record is held on a computer or in a	n electronic, or machine-readable form	
Form of access (mark the applicab	le with an <b>X</b> )	
Printed copy of record (including cop computer or in an electronic or mach	oies of any virtual images, transcriptions and information held on nine-readable form)	
Written or printed transcription of vir computer-generated images, sketch	tual images (this includes photographs, slides, video recordings, es, etc.)	

Initial

2

3

4

Copy of record on flash	h drive (including virtual images and soundtracks)	
Copy of record on com	npact disc drive (including virtual images and soundtracks)	
Copy of record saved of	on cloud storage server	
Manner of access (ma	ark the applicable with an <b>X</b> )	
	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
Printed copy of record computer or in an elect	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
Printed copy of record computer or in an elect	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
Printed copy of record computer or in an elect	(including copies of any virtual images, transcriptions and information held on tronic or machine-readable form)	
Preferred language	(please complete with an official language of the Republic)	
Explain why the reco	rd requested is required for the exercise or protection of the aforementioned right	
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	rd requested is required for the exercise or protection of the aforementioned right	
Fees		
Fees (a) An access or reque	est fee must be paid before the request will be considered.	
Fees  (a) An access or reque		

	(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.							
If you qualify for exemption of the payment of any fee, please state the reason for exemption						on for exemption		
8	Manner of corresp	ondence						
Ü	You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence.							
	Method		ostal address		acsimile		mail	
9	Requester / repres	sentative signa	ture					
DATE	D AT (place)					ON		20
						-		
REQI	JESTER / REPRESE	NTATIVE SIGN	NATURE					
10	Confirmation of re	eceipt for offici	al use					
	Reference number							
	Information Officer							
	Date received							
	Access fees							
	Deposit (if any)							
						_		
INFO	RMATION OFFICER	SIGNATURE						
							Ini	ial