FORM B

NOTICE OF INTERNAL APPEAL
(Section 75 of the Promotion of Access to Information Act, 2000)
(Regulation 8)

STATE YOUR REFERENCE
NUMBER: ____________

A. PARTICULARS OF DEPUTY INFORMATION OFFICERS

- Executive Director
  Legal Advisor to the Principal
  Room 12-17
  P O Box 392
  OR Tambo Building
  UNISA
  0003
  Preller Street
  Muckleneuk Ridge
  PRETORIA

  Tel no : (012) 429 – 2551 or (012) 429 – 6908
  Fax no : (012) 429 – 6947
  e-mail : wwykdh@unisa.ac.za or marodmm@unisa.ac.za

- Executive Director
  University Legal Advisor
  Room 11-16
  P O Box 392
  OR Tambo Building
  UNISA
  0003
  Preller Street
  Muckleneuk Ridge
  PRETORIA

  Tel no : (012) 429 – 8903
  Fax no : (012) 429 – 8902
  e-mail : cvanwyk@unisa.ac.za or mroberts@unisa.ac.za
B. PARTICULARS OF REQUESTER / THIRD PARTY WHO LODGES THE INTERNAL APPEAL

(a) The particulars of the person who lodges the internal appeal must be given below.
(b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.
(c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.

| Full names and surname: | __________________________________________________ |
| Identity number: | __________________________________________________ |
| Postal address: | __________________________________________________ |
| Postal address: | __________________________________________________ |
| Postal code: | __________________________________________________ |
| Fax number: | (_______)________________ |
| Telephone number: | (_______)________________ |
| Cell number: | ___________ |
| E-mail address: | __________________________________________________ |

Capacity in which an internal appeal on behalf of another person is lodged: ___________
________________________________________________________________________

C. PARTICULARS OF REQUESTER

This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal.

| Full names and surname: | __________________________________________________ |
| Identity number: | __________________________________________________ |

D. THE DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED

Mark the decision against which the internal appeal is lodged with an “X” in the appropriate box:

| Refusal of request for access |
| Decision regarding fees prescribed in terms of section 22 of the Act |
| Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act |
| Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester |
| Decision to grant request for access |
E. GROUNDS OF APPEAL

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

State the grounds on which the internal appeal is based: __________________________
________________________________________________________________________
________________________________________________________________________

State any other information that may be relevant in considering the appeal: __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

F. NOTICE OF DECISION ON APPEAL

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, specify the manner and provide the necessary particulars to enable compliance with your request.

State the manner: ____________________________________________________________________

Particulars of manner: ___________________________________________________________________
________________________________________________________________________

Signed at ______________________________ this _____ day of ____________ 20__

____________________________
Signature of appellant
OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received on _____________________________ (date) by _____________________________ (state rank, name and surname of information officer/deputy information officer.)

Appeal accompanied by the reasons for the information officer’s/ deputy 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/deputy information officer on __________________ (date) to the relevant authority.

OUTCOME OF APPEAL

Decision of information officer/deputy information officer confirmed/new decision substituted

New decision: _________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

___________________   __________________________
Date                                           Relevant Authority

Received by the information officer/deputy information officer from the relevant authority on (date) 
___________________   __________________________