

## **ANNEXURE B: PRESCRIBED FORM C**

## REQUEST FOR ACCESS TO RECORDS HELD BY VODACOM

(Section 53(1) of the Promotion of Access to Information Act, 2 of 2000)

# **Particulars of Vodacom** The Head of Vodacom 082 Vodacom Boulevard **Vodacom Valley** Midrand 1685 or Private bag x 9904 Sandton 2146 Telephone number: 087 289 6450 / 087 289 3501 Email: accesslea@vodacom.co.za В. Particulars of person requesting access to the record a) The particulars of the person who requests access to the record must be given below b) The address and/or fax number in the Republic to which the information is to be sent must be c) Proof of the capacity in which the request is made, if applicable, must be attached Full names and surname: \_\_\_\_\_

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Identity number:



Postal address:
Fax number:
Telephone number:
E-mail address:
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
D. Particulars of record
a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
b) If the provided space is inadequate, please continue on a separate page and attach it to this form.  The Requester must sign all the additional pages
1) Description of record or relevant part of the record:
2. Reference number, if available:

3. Any further particulars of record:

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Title: Annexure B: Prescribed Form C

Page 2 of 9



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### 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 such record
- d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason fo	or exem	ption fro	om pavm	ent of fee	es:
	JI CACIII		Jiii Payii		. •

### 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 record is required:

Mark the appropriate box with an  ${\bf X}$ .

**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 to 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
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2.	If record consists of visual images							
(this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):								
	view the images		copy of the images*		transcription images*	of	the	
3.	3. If record consists of recorded words or information which can be reproduced in sound:							
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document	t)				

	printed copy of record*		printed	сору	of		copy	in	computer
			information	derived	from		readal	ble forn	n*
			the record*				(memo	ory sticl	k or compact
*If you	requested a copy or transc	riptic	n of a record	(above),	do yo	u wish	the \	YES	NO
сору о	r transcription to be posted t	o you	u?						
Postag	e is payable.								

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

# G. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate page and attach it to this form. **The**Requester must sign all the additional pages

<b>1.</b> Ind	Indicate which right is to be exercised or protected:						

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4.



2.	Explain why the right:	record request	ted is required	I for the exercise or protection of the aforementio
н.	Notice of decisio	n regarding re	quest for acce	ess
in an	-	_		as been approved/ denied. If you wish to be informerovide the necessary particulars to enable complian
How v	vould you prefer to	be informed o	of the decision	regarding your request for access to the record?
Signed	d at	this	day of	20



# **AFFIDAVIT**

, the undersigned	( <i>Please insert full names)</i> do hereby
make oath and say:	
1.	
am an adult male/female residing at	I am the requestor in terms of
the Promotion of Access to Information Act, No 2 of 2000	).
2.	
The facts herein contained are true and correct and with	in my personal knowledge, unless indicated to the
contrary, and are in all respects true correct.	
3.	
am the (please select one of the options):	
(a) sole owner and sole user of Vodacom Prepaid /	
<ul><li>(b) owner of Vodacom Prepaid / Contract Account.</li><li>control</li></ul>	The sim card is not is my possession nor under my
(c) user of Vodacom Prepaid / Contract Account. The	e sim card is in my possession and under my control
am duly authorised to lodge this request in terms of th	on Promotion of Access to Information Act. No. 2 of
	e Fromotion of Access to information Act, No 2 of
2000.	

4.



The information requested pertains to call data (details of incoming and outgoing calls and SMSs – including
base station (tower) information (excluding the physical MSISDN of the incoming caller party) and the IMEI
number (handset information)] on a cellular number for the period
and (Please also include time frames).
5.
My Identity number is and I attach hereby a certified copy of my
identity document.
6.
I am the owner and/or authorised user of a Vodacom cellular telephone with cellular telephone number
allocated to me and I am duly authorised to consent to a third party requesting
information on my behalf in terms of the Promotion of Access to Information Act 2 of 2000.
7.
I hereby confirm that I have given consent to to request and receive
information (which is more fully detailed in the document attached hereto and marked Annexure
which has been initialled by me for purpose of identification and which is in the prescribed 6 hours allowed
by Vodacom) from Vodacom LEA Support requested on my behalf in terms of the Promotion of Access to
Information Act 2 of 2000. Furthermore, I hereby waive any rights that I may have against Vodacom in regard
to any damages that I may suffer arising from the release by Vodacom LEA Support to
in the information referred to in Annexure



8.

am aware that I could be prosecuted for making a statemer	nt knowing it might be used in	court proceedings
and known by me to be false and intended to mislead.		
know and understand the contents of this statement. I have	ve no objections in taking the	prescribed oath. I
consider the prescribed oath to be binding on my conscience	e.	
,		
SIGNED AT ON THIS	DAYOF	
	BAT 61	
20		
	Deponent (S	ignature of person
	swearing or affirm	ing the statement)
certify that the deponent has acknowledged that he/she kr	nows and understands the cor	ntents of this
affidavit which was signed and sworn to, before me at this _	day of	20 and
that he/she has no objection to taking the prescribed oath.		
	SIGNATURE Commissioner official before whom t	
	sworn/affirmed)	



# Full First Names and Surname Business Address (Street Address)