



PRESCRIBED FORM 2

REQUEST FOR ACCESS TO RECORDS HELD BY VODACOM

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

A. Particulars of Vodacom

The Head: Vodacom

082 Vodacom Boulevard

Vodacom Valley

Midrand

1685

or

Private bag x 9904

Sandton

2146

A. Select Type of Request

Type of Request	Mark with an "X"	Where to send the request?
Request for my own personal records		Use the various channels outlined on https://help.vodacom.co.za/personal/contactus?icmp=Home%2FFooter%2FContactUs
Request for records belonging to someone else		accesslea@vodacom.co.za

B. Particulars of person requesting access to the record

- a) *The particulars of the person who requests access to the record must be completed below*
- b) *Proof of identity must be attached by the Requester*
- c) *If request is made on behalf of another person, proof of such authorisation must be attached to this form*
- d) *An affidavit as part of this form must be completed and signed.*

Mark with an "X"



Request is made in my own name

Request is made on behalf of another person

PERSONAL INFORMATION

Full names and surname: _____

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

Full names and surname: _____

Identity number / Company Registration Number: _____

D. Particulars of record requested

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

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Document Number: VOD-IMP-MAN-0002

Revision: 4

Owner: M Simelane

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(In accordance with section 51 of the Promotion of Access to Information Act No. 2 of 2000)



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

2. Reference number, if available: _____

3. Any further particulars of record: _____

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 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 record is required:
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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 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:

<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	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.):

<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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3. If record consists of recorded words or information which can be reproduced in sound:

<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)
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4. If record is held on computer or in an electronic or machine-readable form:

<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*	<input type="checkbox"/>	copy in computer readable form* (memory stick or compact disc)
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*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?	YES	NO
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Postage is payable.

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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**

1. Indicate which right is to be exercised or protected:

2. 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?

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Signed at _____ this _____ day of _____ 20

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

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AFFIDAVIT

I, the undersigned *(Please insert full names)* do hereby make oath and say:

1.

I 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 within my personal knowledge, unless indicated to the contrary, and are in all respects true correct.

3.

I am the (please select one of the options):

- (a) sole owner and sole user of Vodacom Prepaid / Contract Account
- (b) owner of Vodacom Prepaid / Contract Account. The sim card is not is my possession nor under my control
- (c) user of Vodacom Prepaid / Contract Account. The sim card is in my possession and under my control

I am duly authorised to lodge this request in terms of the Promotion 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

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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.

I am aware that I could be prosecuted for making a statement knowing it might be used in court proceedings and known by me to be false and intended to mislead.

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I know and understand the contents of this statement. I have no objections in taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20__

Deponent (Signature of person swearing or affirming the statement)

I certify that the deponent has acknowledged that he/she knows and understands the contents 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 of Oaths or other official before whom the statement is sworn/affirmed)

Full First Names and Surname

Business Address (Street Address)

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