



## PREScribed FORM 2

### REQUEST FOR ACCESS TO RECORDS HELD BY VODACOM

(Regulation 7 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

#### Select Type of Request

Type of Request	Where to send the request?
Request for records or description of Personal Information that Vodacom holds about the Requester <i>(any record excluding itemized billing older than 90 days, call data records, RICA / Ownership details)</i>	<a href="mailto:privacy@vodacom.co.za">privacy@vodacom.co.za</a>  For account related information that is available to the account holder, you may also please visit the <a href="#">Contact Us Page</a> .
Other requests of records held by Vodacom <i>(any and all call data records, RICA / Ownership details and itemized billing older than 90 days, including third party requests)</i>	<a href="mailto:pnemolea@vodacom.co.za">pnemolea@vodacom.co.za</a>

#### B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

- The particulars of the person who requests access to the record must be completed below
- Proof of identity must be attached by the Requester
- If request is made on behalf of another person, proof of such authorisation must be attached to this form

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Mark with an "X"

Request is made in my own name

Request is made on behalf of another person

PERSONAL INFORMATION			
Full Names			
Identity Number			
Capacity in which request is made <i>(when made on behalf of another person)</i>			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular:		
Full names of person on whose behalf request is made <i>(if applicable):</i>			
Identity Number			
Postal Address			
Street Address			
Contact Numbers	Tel. (B)		Facsimile
	Cellular		

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### C. PARTICULARS OF RECORD REQUESTED

Provide full details 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. (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**

Description of record or relevant part of the record:	
Reference number, if available	
Any further particulars of record	

### D. TYPE OF RECORD

**Mark the applicable box with an "X"**

Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
Record consists of recorded words or information which can be reproduced in sound	
Records are held on a computer or in an electronic, or machine-readable form	

### E. FORM OF ACCESS

**Mark the applicable box with an "X"**

Printed copy of record ( <i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i> )	
Written or printed transcription of virtual images ( <i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc.</i> )	
Transcription of soundtrack ( <i>written or printed document</i> )	
Copy of record on flash drive ( <i>including virtual images and soundtracks</i> )	
Copy of record on compact disc drive ( <i>including virtual images and soundtracks</i> )	
Copy of record saved on cloud storage server	

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## F. MANNER OF ACCESS

Mark the applicable box with an “X”

Personal inspection of record at registered address of Vodacom ( <i>including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form</i> ) <i>Note: Call recordings may be made available to be heard at a Vodacom shop</i>	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed <i>format (including transcriptions)</i>	
E-mail of information ( <i>including soundtracks if possible</i> )	
Cloud share/file transfer	
Preferred language: <i>(Note: If the record is not available in the language you prefer, access may be granted in the language in which the record is available)</i>	

## G. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

<i>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</i>	
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:	

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## H. 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

*If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

Reason	

## I. 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 ensure compliance with your request.

Postal address	Facsimile	Electronic communication (Please specify)

Signed on this \_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
**Signature of Requester/person on whose behalf request is made**

## AFFIDAVIT

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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 Requester 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 owner and user of a cellular telephone with cellular number \_\_\_\_\_. I am duly authorized 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 outgoing calls and SMS's as well as base station (tower) information on cellular number ..... for the period between ..... and ..... (also include time period as well).

5.

My Identity number is ..... and I attach hereby a certified copy of my identity document.

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6.

I am the owner or authorized user of a Vodacom cellular telephone with cellular telephone number \_\_\_\_\_ allocated to me and I am duly authorized 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 \_\_\_\_\_ request and receive information (which is more fully detailed in the document attached hereto and marked Annexure \_\_\_\_\_ which has been initialed by me for purpose of identification) 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.

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)

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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 Names and Surname

Business Address (Street Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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