FORM 2 - REQUEST FOR ACCESS TO INFORMATION

As required by Regulation 7 of PAIA

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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	NRE Auctioneers (Pty) Ltd		
The Information Officer	Roelof Jacobus Dednam		
Address	162 Zastron Street, Westdene, Bloemfontein, 9301		
Email address	popi@nationalre.co.za		
Fax number	051 430 1322		
Request in made (mark with an X):	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	
Cellphone number	Home telephone number

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

Full names of other person

Initial

Postal address		
Street address		
Email address		
Fax number		
Cellphone number	Home telephone number	
it to this form. All additional pages m	- '	
Description of record or relevant	art of the record	
Description of record or relevant	art of the record	
Description of record or relevant	art of the record	
Description of record or relevant	art of the record	
	art of the record	
Reference number (if available)	art of the record	
Reference number (if available) Any further particulars of record		
Reference number (if available) Any further particulars of record Type of record (mark the applicable		
Reference number (if available) Any further particulars of record Type of record (mark the applicable) Record is in written or printed form Record comprises virtual images (the		mputer-generated
images, sketches, etc.)	with an X)	mputer-generated

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4	Form of access (mark the applicable with an X)					
	Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)					
	Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)					
	Transcription of soundtrack (written or printed document)					
	Copy of record on flash drive (including virtual images and soundtracks)					
	Copy of record on compact disc drive (including virtual images and soundtracks)					
	Copy of record saved on cloud storage server					
5	Manner of access (mark the applicable with an X)					
	Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)					
	Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)					
	Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)					
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	Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)					
	Preferred language (please complete with an official language of the Republic)					
6	(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)					
6	Particulars of right to be exercised or protected					
	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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7	Fees					
	(a) An access or request fee must be paid before the request will be considered.					
	(b) the requester	will be notified of	the amount of the	access fee to be paid.		
	(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.					e reasonable time
	If you qualify for	exemption of th	e payment of any	fee, please state the	reason for exemption	1
8	Manner of corres	spondence				
				s been approved or de anner of corresponder	enied and if approved tl nce.	ne costs relating to
	Method	F	ostal address	Facsimile	Email	
9	Requester / repre	esentative signa	ture			
DATE	D AT (place)			ON		20
				1		
REOL	JESTER / REPRES	SENTATIVE SIGN	IATURE			
T L Q	JEOTERY REFREE		, TOTAL			
10	Confirmation of	receipt for offici	al use			
	Reference number					
	Information Office	er				
	Date received					
	Access fees					
	Deposit (if any)					
INFO	RMATION OFFICE	R SIGNATURE				
INFO	RMATION OFFICE	R SIGNATURE				

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