

## **REQUEST FOR ACCESS TO INFORMATION OF SANDBOX HOLDINGS (PTY) LTD AND/OR ITS SUBSIDIARIES**

### **A. PARTICULARS OF THE PERSON REQUESTING THE INFORMATION**

(Please insert the particulars of the person who is making the request)

Full name and surname	
Identity number	
Postal address	
Fax Number	
Telephone Number	
Email address	
Relationship with the company	

### **B. PARTICULARS OF PERSON ON WHOSE BEHALF A REQUEST IS MADE**

(Please insert the particulars of the person on whose behalf the request is being made)

Full name and surname	
Identity Number	
Relationship with the company	
Reason why the request is being submitted by another party	

### **C. PARTICULARS OF THE RECORD REQUESTED**

(Please give details of the records required and for which company the record is being requested)

DESCRIPTION OF THE RECORD OR PART OF THE RECORD REQUIRED	
REFERENCE NUMBER (IF APPLICABLE)	
COMPANY CONCERNED	
ANY FURTHER PARTICULARS OF RECORD	

**D. REQUEST FOR EXEMPTION OF PAYMENT OF FEES**

(Please indicate the reason for the request for exemption of the payment of the request fee)

REASON FOR THE REQUEST FOR EXEMPTION OF REQUEST FEES	
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**E. FORM OF ACCESS TO THE RECORD**

(Please indicate in which form the record is required and the number of copies of the record required)

FORM OF RECORD	PHOTOCOPY/PRINT	INSPECTION	ELECTRONIC
WRITTEN/PRINTED			
VISUAL IMAGES			
RECORDINGS/SOUNDS			

Please indicate if you wish the records to be posted to you. Postage is payable by the person making the request.

FORM OF RECORD	POSTAGE REQUIRED: YES/NO

If you are unable to read, view or listen to the record requested in any forms of the access due to a disability, please indicate the disability and in which form the record is required

DISABILITY	FORM OF RECORD REQUIRED

**F. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

(Please indicated which right is being exercised or protected and explain why the record is being requested)

RIGHT EXERCISED/PROTECTED	EXPLANATION

**G. NOTICE OF THE DECISION REGARDING THE REQUEST FOR ACCESS**

(Please indicate in which manner you would like to be informed if the request for records has been approved / denied – please tick)

SMS	EMAIL	FAX	POST	OTHER

Signed at \_\_\_\_\_ on \_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 Signature of person making the request / person on whose behalf the request is made