

FORM 2: REQUEST FOR ACCESS TO RECORD

[Regulation 7]

INTERNAL REFERENCE

Company Name: Optirex Consulting (Pty) Ltd

Registration Number: 2025 / 603855 / 07

Information Officer: Johan van Pletzen

Reference Number: PAIA-REQ-2026-0105

A. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

(Full names and surname / Identity Number / Capacity in which request is made)

Full Names: _____

Identity Number: _____

Postal Address: _____

Street Address: _____

Telephone: _____ Email: _____

B. PARTICULARS OF RECORD REQUESTED

(Provide full particulars of the record to which access is requested, including the reference number if it is known to you, to enable the record to be located.)

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

2. Reference number, if available: _____

3. Any further particulars of record: _____

C. TYPE OF ACCESS

(Check the applicable box)

[] Written or printed transcription of information

[] Copy of record in magnetic or optical storage media (Flash drive/Cloud)

[] Visual images (photographs, slides, video recordings)

D. 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.)

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:

E. FEES

(a) A request fee of R140.00 must be paid before the request will be considered.

(b) You will be notified of the amount of the access fee to be paid.

(c) The fee may depend on the form in which access is required and the time reasonably required to search for and prepare the record.

F. SIGNATURE

Signed at _____ this ____ day of _____ 20__

Signature of Requester / Person on whose behalf request is made

SUBMISSION INSTRUCTIONS

Please email the completed form along with proof of payment to:

- Attention: Information Officer
- Email: info@optirexconsulting.com
- Tel: +27 10 825-0393