

2. You requested:

HBZ Bank Limited

(A Subsidiary of Habib Bank AG Zurich) Umhlanga Arch, Level 4, 1 Ncondo Place, Umhlanga Ridge, 4320, Kwa-Zulu Natal, South Africa

OUTCOME OF REQUEST AND OF FEES PAYABLE [Regulation 8]

Note:

- 1. If your request is granted the— (a) amount of the deposit, (if any), is payable before your request is processed; and (b) requested record/portion of the record will only be released once proof of full payment is received.
- 2. Please use the reference number hereunder in all future correspondence.

Reference number:	
TO:	<u>.</u>
Your request dated	refers.
1. You requested:	
(including listening to recorded sound, or information held on of form) is free of charge. You are inspection of the information a	tion at registered address of public/private body d words, information which can be reproduced in computer or in an electronic or machine-readable e required to make an appointment for the and to bring this Form with you. If you then require e information, you will be liable for the fees
OR	

Printed copies of the information (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 information on flash drive (including virtual images and soundtracks)	
Copy of information on compact disc drive(including virtual images and	
soundtracks)	
Copy of record saved on cloud storage server	

3. To be submitted:

Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed	
format (including transcriptions)	
E-mail of information (including soundtracks	
if possible)	
Cloud share/file transfer	
Preferred language: (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)	

Kindly note that your request has been:

Approved
Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost per A4-size	Number of	Total
	page or part	pages/items	
	thereof/item		
Photocopy	R2.00		
Printed copy	R2.00		

For a copy in a computer-readable form on: (i) Flash drive –	
To be provided by requestor	
(ii) Compact disc –	R40.00
 If provided by requestor 	
 If provided to the requestor 	R40.00
	R60.00
For a transcription of visual images per A4-	Service to be
size page	outsourced. Will
Copy of visual images	depend on the
	quotation of the
	service provider
Transcription of an audio record, per A4-size	R24.00
Copy of an audio record	
(i) Flash drive –	R40.00
 To be provided by requestor 	
(ii) Compact disc –	R40.00
 If provided by requestor 	R60.00
 If provided to the requestor 	
Postage, e-mail or any other electronic	Actual costs
transfer	
Total	

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Hours of search	Amount of deposit (calculated on	
	one third of total amount per request)	

The amount must be paid into the following Bank account:
Name of Bank:
Name of account holder:
Type of account:
Account number:
Branch Code:
Reference Nr:
Submit proof of payment to:

Signed at	this	day of	20
Information officer			