FORM 3

OUTCOME OF REQUEST AND FEES PAYABLE

[Regulation 8]

If you (a) (b) 2.	ur request is granted the— amount of the deposit, (if any), is payable before your request is processed; and requested record/portion of the record will only be released once proof of full payment is received. Please use the reference number hereunder in all future correspondence.
Refe	rence number:
то:	Futur-e Sportsure (Pty) Ltd 749 Rubenstein Drive Delta Office Park Building 2B Ground Floor Moreleta Park 0044 admin@futur-e.co.za
Your	request dated, refers.
to i or ap red	You requested: ersonal inspection of information at registered address of public/private body (including listening recorded words, information which can be reproduced in sound, or information held on computer in an electronic or machine-readable form) is free of charge. You are required to make an pointment for the inspection of the information and to bring this Form with you. If you then quire any form of reproduction of the information, you will be liable for the fees prescribed in enexure B.
_	OR Value and was a facility
info Wr red Tra Co Co	You requested: inted copies of the information (including copies of any virtual images, transcriptions and formation held on computer or in an electronic or machine-readable form) critten or printed transcription of virtual images (this includes photographs, slides, video cordings, computer-generated images, sketches, etc) anscription of soundtrack (written or printed document) topy of information on flash drive (including virtual images and soundtracks) topy of information on compact disc drive(including virtual images and soundtracks) topy of record saved on cloud storage server
3	To be submitted:
	estal services to postal address
	estal services to street address purier service to street address
	csimile of information in written or printed format (including transcriptions)
	mail of information (including soundtracks if possible)
	oud share/file transfer
	eferred language:
	ote that if the record is not available in the language you prefer, access may be granted in the aguage in which the record is available)
Kind	ly note that your request has been:
	Approved
	Denied, for the following reasons:
1	

Fees payable with regards to your request: Cost per A4-size Number of Total page or part pages/items thereof/item Photocopy Printed copy For a copy in a computer-readable form on: Flash drive (i) To be provided by requestor R40.00 (ii) Compact disc R40.00 If provided by requestor R60.00 If provided to the requestor For a transcription of visual images per A4-size Service to be page outsourced. Will depend on the Copy of visual images quotation of the service provider R24.00 Transcription of an audio record, per A4-size Copy of an audio record Flash drive (i) To be provided by requestor R40.00 (ii) Compact disc If provided by requestor R40.00 R60. 00 If provided to the requestor Postage, e-mail or any other electronic transfer: Actual costs TOTAL: Deposit payable (if search exceeds six hours): 5. Yes No Amount of deposit Hours of search (calculated on one third of total amount per 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