



provincial treasury
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

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ANNEXURE B, FORM B
NOTICE OF INTERNAL APPEAL
(Section 75(1)(a) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))
[Regulation 8]

State Your Reference Number:

A. PARTICULARS OF PUBLIC BODY

*(The requester **MUST** complete this prescribed form in black ink and in print. On completion, please send or deliver this form to any of the addresses listed below):*

The Information Officer

Ms. NZ Nkamba
Head of Department
Private Bag x11205
Nelspruit
1200

Deputy Information Officer:

Adv. V Baloyi
Senior Manager: Legal Services
Private Bag x11205
Nelspruit
1200

Or can be hand delivered to:

Office of the Head of Department

No. 7 Government Boulevard
Building No 4, Upper Ground Floor
Riverside Park Extension 2
Nelspruit, 1200

E-mail: hodfinance@mpg.gov.za

Fax: (013) 766 4604

Legal Services Unit

No. 7 Government Boulevard
Building No 4, Lower Ground Floor
Riverside Park Extension 2
Nelspruit, 1200

Email: vbaloyi@mpg.gov.za

Fax: (013) 766 9497

All enquiries may be directed to: (013) 766 4155/4450/4431

B. PARTICULARS OF REQUESTER/THIRD PARTY WHO LODGES THE INTERNAL APPEAL

(a) The particulars of the person who lodge the internal appeal must be given below.
 (b) Proof of the capacity in which the appeal is lodged, if applicable, must be attached.
 (c) If the appellant is a third person and not the person originally requested the information, the particulars of the requester must be given at C below.

Full Names and Surnames: _____

Identity Number:

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Postal Address:

Telephone Number: (.....) Fax number: (.....)

E-mail Address:

Capacity in which an internal appeal on behalf of another person is lodged:.....

C. PARTICULARS OF REQUESTER

This section must be completed **ONLY** if a third party (other than the requester) lodges the internal appeal.

Full Names and Surnames: _____

Identity Number:

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D. THE DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED

<i>Mark the decision against which the internal appeal is lodged with an X in the appropriate box:</i>	
<input type="checkbox"/>	Refusal of request for access
<input type="checkbox"/>	Decision regarding fees prescribed in terms of section 22 of the Act
<input type="checkbox"/>	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act
<input type="checkbox"/>	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
<input type="checkbox"/>	Decision to grant request for access

E. GROUNDS FOR APPEAL

If the provided space is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.

State the grounds on which the internal appeal is based:

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.....
.....

State any other information that may be relevant in considering the appeal:

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.....
.....
.....
.....

F. NOTICE OF DECISION ON APPEAL

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

State the manner :

Particulars of the manner :

Signed at **this day** **of** **20**

.....
SIGNATURE OF APPELLANT

FOR DEPARTMENTAL USE ONLY:

OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received on(date)
by.....(state rank, name and surname of information officer/deputy information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on(date) to the relevant authority.

OUTCOME OF APPEAL:

DECISION ON INFORMATION OFFICER/DEPUTY INFORMATION OFFICER CONFIRMED/NEW DECISION SUBSTITUTED

NEW DECISION:

DATE RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION OFFICER FROM THE RELEVANT AUTHORITY ON (date):

RELEVANT AUTHORITY