



INFORMATION REGULATOR (SOUTH AFRICA)

Ensuring protection of your personal information
and effective access to information

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FORM 1

[Regulation 2]

I,

Full names:				
In my capacity as (mark with "x"):	Information officer		Other	
Name of *public/private body (if applicable)				
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Facsimile:				
Contact numbers:	Tel.(B):		Cellular:	

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Signature of requester