

STEAM AND HOT WATER EQUIPMENT SUPPLIERS

WATER TREATMENT EQUIPMENT AND CHEMICAL SUPPLIERS

Reg. No. 2017/376503/07

VAT No. 4870148071

Customs Code: 01887054

## FORM 4

### INTERNAL APPEAL FORM

[Regulation 9]

Reference Number: \_\_\_\_\_

#### PARTICULARS OF PUBLIC BODY

Name of Public Body:	
Name and Surname of Information Officer:	

#### PARTICULARS OF COMPLAINANT WHO LODGED THE INTERNAL APPEAL

Full Names:			
Identity Number:			
Postal Address:			
Contact Numbers:	Tel (B):		Facsimile:
	Cellular:		
Email Address:			
Is the internal appeal lodged on behalf of another person:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If answer is 'yes', capacity in which an internal appeal on behalf of another person is lodged: (Proof of the capacity in which appeal is lodged, if applicable, must be attached.)			

#### PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED

*(if lodged by a third party)*

Full Names:			
Identity Number:			
Postal Address:			
Contact Numbers:	Tel (B):		Facsimile:
	Cellular:		
Email Address:			



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**DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED***(Mark the applicable box with an "X")*

Refusal of request for access	
Decision regarding fees prescribed in terms of section 22 of the Act	
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requestor	
Decision to grant request for access	

**GROUND FOR APPEAL***(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)*

State the grounds on which the internal appeal is based:	
State any other information that may be relevant in considering the appeal:	

You will be notified in writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Appellant / Third Party**

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Director: L P Maasdorp



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**FOR OFFICIAL USE**

**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received by: (State Rank, Name And Surname of Information Officer)			
Date received:			
Appeal accompanied by the reasons for the 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:	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	

OUTCOME OF APPEAL				
Refusal of request for access. Confirmed?	Yes	<input type="checkbox"/>	New decision (if not confirmed)	
	No	<input type="checkbox"/>		
Fees (Sec.22). Confirmed?	Yes	<input type="checkbox"/>	New decision (if not confirmed)	
	No	<input type="checkbox"/>		
Extension [Sec 26(1)]. Confirmed?	Yes	<input type="checkbox"/>	New decision (if not confirmed)	
	No	<input type="checkbox"/>		
Access [Sec 29(3)]. Confirmed?	Yes	<input type="checkbox"/>	New decision (if not confirmed)	
	No	<input type="checkbox"/>		
Request for access granted. Confirmed?	Yes	<input type="checkbox"/>	New decision (if not confirmed)	
	No	<input type="checkbox"/>		

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Relevant Authority**



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