FORM 1a

REQUEST FOR A COPY OF THE GUIDE

[Regulation 2]

I, Full names: In my capacity as: (mark with "x") Information officer Name of *public/private body: (if applicable) Postal Address: Street Address: E-mail Address: Facsimile: Contact numbers: Tel.(B): Cellular:	TO: *Regulator							
I, Full names: In my capacity as: (mark with "x") Information officer Name of *public/private body: (if applicable) Postal Address: Street Address: E-mail Address: Facsimile:								
I, Full names: In my capacity as: (mark with "x") Information officer Name of *public/private body: (if applicable) Postal Address: Street Address: E-mail Address: Facsimile:								
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applicable) Postal Address: Street Address: E-mail Address: Facsimile:	In my capacity	as: (mark with "x")	Informat	tion officer			Other	
Street Address: E-mail Address: Facsimile:		ic/private body: (if						
E-mail Address: Facsimile:								
Facsimile:								
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Contact numbers: Tel.(B): Cellular:								
	Contact numbe	ers:	Tel.(B):			Cellular:		

hereby request the following copy/copies of the Guide:

Language (mark with "X")	No of copies	Language (mark with "X")	No of copies
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Afrikaans		English	
isiNdebele		isiXhosa	
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Manner of collection	(mark with	"x").
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Manner of collection (mark with "x"):					
Personal	Postal address	Facsimile	Electronic communication		
collection			(Please specify)		

Signed at	this	day of	20
Signature of requester			