



A U D I T O R - G E N E R A L

22 November 2001

Mr M Abreu
Legal Officer
C²I² Systems
PO Box 171
RONDEBOSCH
7701

PO BOX 446 PRETORIA 0001
REPUBLIC OF SOUTH AFRICA
TEL (012) 426 8401
FAX (012) 426 8257

FAX: 021 - 683 5435

Dear Mr Abreu

**REQUEST FOR INFORMATION - REPORT OF THE JOINT
INVESTIGATION INTO THE STRATEGIC DEFENCE PACKAGES FOR THE
PROCUREMENT OF ARMAMENTS FOR THE SOUTH AFRICAN
NATIONAL DEFENCE FORCE**

I hereby acknowledge receipt of your faxed letter with reference case/letters dated 20 November 2001 received by fax at the Department of Defence, which I only received on 22 November 2001.

In terms of regulations issued by the Minister of Justice in Government Gazette No 22125 of 9 March 2001, I point out that any request for a record in terms of section 18 (1) of the Promotion of Access to Information Act (Act. No. 2 of 2001) must be made on the specified form. A copy of the said form is attached for your convenience.

It has come to my attention that Mr Young has approached a number of my staff members directly requesting information and documentation relating to the investigation. Kindly note that I take strong exception to this. Please inform Mr Young to approach me directly in future.

Kindly complete the attached form and forward it as well as all future correspondence and requests relating to this matter directly to me at:

SA Fakie
Office of the Auditor-General
PO Box 446
PRETORIA
0001

Tel: 012 - 426 8401
Fax: 012 - 426 8257

Your attention is drawn to section 87(1)(a) of the aforementioned Act in respect of the time period within which I am obliged to respond to your request.

Yours sincerely



SA FAKIE
AUDITOR-GENERAL

Tel: 012 - 426 8401
Fax: 012 - 468 257
Ref: C² Systems - request for info
Enq: SA Fakie

Letter to R Young re request for info/my documents/special defence/c/pg/word

ANNEXURE

REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

FOR DEPARTMENTAL USE	
Request received by _____	Reference number: _____
(state rank, name and surname of information officer/deputy information officer) on _____	
_____ (date) at _____	(place)
Request fee (if any): R	
Deposit (if any): R	
Access fee: R	
_____ SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER	

A. Particulars of public body

The Information Officer/Deputy Information Officer:

B. Particulars of person requesting access to the record

- (a) *The particulars of the person who requests access to the record must be recorded below.*
- (b) *Furnish an address and/or fax number in the Republic to which information must be sent.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: _____

Identity number: _____

Postal address: _____

_____ Fax number: _____

Telephone number: _____ E-mail address: _____

Capacity in which request is made, when made on behalf of another person: _____

C. Particulars of person on whose behalf request is made

This section must be completed only if a request for information is made on behalf of another person.

Full names and surname: _____

Identity number: _____

D. Particulars of record

- (a) *Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.*
- (b) *If the provided space is inadequate please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.*

1. Description of record or relevant part of the record: _____

2. Reference number, if available: _____
3. Any further particulars of record: _____

E. Fees

- (a) *A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.*
- (b) *You will be notified of the amount required to be paid as the request fee.*
- (c) *The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.*
- (d) *If you qualify for exemption of the payment of any fee, please state the reason therefor.*

Reason for exemption from payment of fees: _____

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability: _____ _____ _____	Form in which record is required: _____ _____ _____
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Mark the appropriate box with an "X".

NOTES:

- (a) *Your indication as to the required form of access depends on the form in which the record is available.*
- (b) *Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.*
- (c) *The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.*

1. If the record is in written or printed form -			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record

2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)			
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*

3. If record consists of recorded words or information which can be reproduced in sound -			
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)

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4. If record is held on computer or in an electronic or machine-readable form -			
	printed copy of record*	printed copy of information derived from the record*	copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? A postal fee is payable.	YES	NO
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<i>Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.</i>
In which language would you prefer the record? _____

G. Notice of decision regarding request for access

<i>You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.</i>

How would you prefer to be informed of the decision regarding your request for access to the record? _____

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE