



CCII Systems (Pty) Ltd Registration No. 90/05058/07

Communications  
Computer Intelligence  
Integration

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2001-12-03

S.A. Fakie  
Office of the Auditor-General  
PO Box 446  
Pretoria  
0001

Attention : S.A. Fakie

Dear Sir

**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**

Previous correspondence refers.

We refer to the aforementioned matter and to the telephone conversation between the writer and Mr P.L. Grundlingh from your office on the 3<sup>rd</sup> December 2001.

We confirm that you have received our fax dated 28<sup>th</sup> November 2001. We attach hereto the original duly completed specified forms as directed.

Kindly advise our office as soon as possible as to the outcome of our request, including :

- the access fee (if any) to be paid;
- the form in which access will be provided.

If the request for access is refused, kindly:

- state adequate reasons for the refusal;
- set out the procedure for lodging an appeal or an application against the refusal of the request.

We trust that the above is in order. Kindly acknowledge receipt hereof.

Directors : R.M. Young (Managing), A.R. Knight

Yours sincerely

A handwritten signature in black ink, appearing to be 'M. Abreu', written over a horizontal line.

M. Abreu (Ms)  
**Legal Officer**

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))

<b>FOR DEPARTMENTAL USE</b>	
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:

S.A. Fakie  
Office of the Auditor-General  
P.O. Box 446  
Pretoria  
0001

*[Handwritten signature]*

**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.*

Name of company  
Full names and surname: CCII Systems (Pty) Ltd

Registration number:  
Identity number: 1990/005058/07

Postal address: P.O. Box 171, Rondebosch, 7701

Fax number: 021 683 6365

Telephone number: 021 683 5490 E-mail address: ma@ccii.co.za

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: All draft versions of the final report of the joint investigation into the Strategic Defence Packages; all audit files concerning this matter from 1998-01-01 up to the present date; all correspondence concerning this matter between the Auditor-General's office and the Department of Defence from 1998-01-01 up to the present date. Please see attached folio.
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Handwritten signature]*

**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.*

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

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

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

*Handwritten signature/initials*

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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*	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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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.	
In which language would you prefer the record? <u>English</u>	

**G. Notice of decision regarding request for access**

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.
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How would you prefer to be informed of the decision regarding your request for access to the record? Can also email Marlene Abreu at ma@ccii.co.za.

Signed at Kenilworth this 28<sup>th</sup> day of November 2001. HA

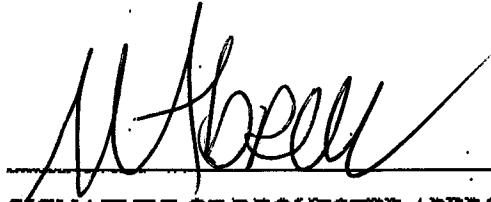
HA

Section D

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

- All correspondence concerning this matter between the Auditor General's office and the Public Protector's office from 1998-01-01 up to the present date.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

A handwritten signature in black ink, appearing to read "M. A. Bell", is written over a horizontal line.

SIGNATURE OF REQUESTER / PERSON ON  
WHOSE BEHALF REQUEST IS MADE