

FORM G



REQUEST FOR ACCESS TO A COPY OF A **THEORY OF MUSIC EXAMINATION SCRIPT** IN RESPECT OF SECTION 18(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, ACT NO 2 OF 2000 (Regulation 6)

Issued only to the student, or the parent/guardian if the student is a minor

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| A PARTICULARS OF STUDENT REQUESTING ACCESS TO A COPY OF AN EXAMINATION SCRIPT | |
| Surname and full names of student | |
| Unisa registration number | |
| ID No | |
| Postal address | |
| | Postal code |
| Tel/Cell/Mobile no | |
| Email | |
| Please indicate how you would like to receive the copy of your examination script. Photocopies of examination scripts are mailed via registered mail. email <input type="checkbox"/> Mail <input type="checkbox"/> | |
| B PARTICULARS OF EXAMINATION SCRIPT AND REASON FOR REQUEST | |
| Paper and Code | |
| Examination Year and Session | |
| Reason for requesting information | |
| C FEES | |
| The fee payable for access is R 95.00 per application of the examination script. | |
| D FORM OF ACCESS TO SCRIPT | |
| If you are prevented by a disability to read or view the copy of the examination script, state your disability and indicate in which form the copy of your examination script is required. | |
| Disability | |
| Alternative form required | |
| E DECLARATION and Popia DECLARATION | |
| I hereby declare that I am the requester of the examination script and that the information as supplied is true and correct. | |
| Protection of Personal Information Act (POPIA) Declaration: | |
| In compliance with the Protection of Personal Information Act (POPIA), the personal information collected here is solely intended for use by the Professional Division of the Directorate Music and Unisa. I understand that in terms of POPIA and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is not publicly available. I shall not hold the university responsible for any improper or unauthorized use of personal information that is beyond its control. I have read this declaration in its entirety and understand the contents and implications thereof. | |
| Signed at _____ this _____ day of _____ 20 _____. _____ _____ | |
| SIGNATURE (REQUESTER) | |
| RELATIONSHIP TO STUDENT | |

Banking details: Bank: First National Bank

Account holder: UNISA Income Account

Account no: 627 9962 5200, Branch code: 250645 (Sunnyside), Swift code: FIRNZAJJ (for international deposits)

Reference: Surname and initials of student or parent