

CYTOLUX

S E C U R I T Y

Reg: 2012/050246/07 | PSIRA: 2515162 | VAT: 4880283694
PAYE: 7300795954 | Income Tax: 9189477186

Stand No 20229

Ntsima Village

DIKGALE

0721

087 808 6717

076 852 0077

086 617 3504

admin@cytoluxsecurity.co.za



CYTOLUX SECURITY (PTY) LTD

PAIA REQUEST FORM (Form C) *(In terms of Section 53(1) of the Promotion of Access to Information Act, 2 of 2000)*

A. Particulars of Private Body

- **Company Name:** Cytolux Security (Pty) Ltd
- **Information Officer:** Onkarabile
- **Postal Address:** PO 959, Sovenga, 0727
- **Physical Address:** Stand 20229, Ntsima Village, Dikgale, 0721
- **Telephone:** +27 87 808 6717
- **Email:** onkarabile@cytoluxsecurity.co.za

B. Particulars of Requester

(If made on behalf of another person, proof of capacity must be attached)

- **Full Name:** _____
- **Identity/Reg No.:** _____
- **Postal Address:** _____
- **Telephone:** _____
- **Email:** _____
- **Relationship to Data Subject (if applicable):** _____

C. Particulars of Record Requested

1. Description of the record(s):
1. Reference number (if available):
1. Any additional information to identify the record:



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D. Right Exercised or Protected

State what right you are seeking to exercise or protect and why the record is required:

E. Manner of Access

Indicate how you wish to access the record (tick):

- Copy of record (paper/electronic)
- Inspection of record
- Email copy
- Other (please specify): _____

F. Particulars of Fees

- A **request fee** may be payable in terms of PAIA.
- The requester will be notified of the prescribed fee before the request is processed.
- If access is granted, a further access fee may also be charged.

G. Signature

- Signature of Requester: _____
- Date: _____

