

**FORM A**  
**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)**  
**[Regulation 2]**

**FOR DEPARTMENTAL USE**

Reference number: \_\_\_\_\_

**Request received**

**by:** \_\_\_\_\_

(state rank, name and surname of information officer/deputy information officer) on  
\_\_\_\_\_ (date) at \_\_\_\_\_ (place).

Request fee (if any): R \_\_\_\_\_

Deposit fee (if any): R \_\_\_\_\_

Access fee: R \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INFORMATION  
OFFICER/DEPUTY  
INFORMATION OFFICER

**A. Particulars of public body**

The Information Officer/Deputy Information Officer: Advocate Witness Ndou  
Department of Justice and Constitutional Development  
Salu Building  
316 cnr Thabo Sehume and Francis Baard Streets  
Pretoria  
0001

Telephone: 27123151111  
Fax: 27123151749  
Email: webmaster@justice.gov.za

**B. Particulars of person requesting access to the record**

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

**Full names and surname:** South African History Archive (SAHA)  
**Identity/Passport number:** Non-Profit Trust No. 2522/93  
**Postal address:** P.O.Box 31719, Braamfontein, 2017  
**Fax number:** +27866491491  
**Telephone number:** +27117182563  
**E-Mail Address:** foip@saha.org.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**

- *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.*
- *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.***

- Description of record or relevant part of the record:

Request for all and any records relating to Joseph Mdluli who died on 19th March 1976 in detention in the Durban Security Branch Headquarters. He was alleged to have died due to a neck injury after falling against a chair. Four security policemen were charged with culpable homicide, namely Mr Frederick Van Zyl, Colonel ARC Taylor, Mr Mandlakayise Patrick Makhanya and Mr Zabulon Ngobese. In their trial they claimed that Mdluli had tried to escape and had fallen over a chair. A pathologist presented evidence disputing the police version. There have been concerns and doubts about the alleged cause of his death. Please be sure to include the following:

- I. Copy of the pathologist report evidencing discrepancy in police report;
- II. Records of any inquest hearings related to the death of Joseph Mdluli;
- III. Copies of documents evidencing witness testimony during inquest relating to Joseph Mdluli;
- IV. Any and all other documents that are related to or document the treatment and death of Joseph Mdluli.

<http://sabctrc.saha.org.za/reports/volume2/chapter3/subsection19.htm?t=+mdluli++joseph&tab=report>

#### **E. Fees**

- *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.*
- *You will be notified of the amount required to be paid as the request fee.*
- *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.*
- *If you qualify for exemption of the payment of any fee, please state the reason for exemption.*

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: \_\_\_\_\_

Mark the appropriate box with an "X".

NOTES:

- Your indication as to the required form of access depends on the form in which the record is available.
- 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 printed form:**

<input checked="" type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
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**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 checked="" type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*
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**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 checked="" 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:**

<input type="checkbox"/>	Printed copy of record*	<input checked="" type="checkbox"/>	Printed copy derived from the record*	<input type="checkbox"/>	copy in computer readable form*(stiffy or compact disc)
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* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?	YES	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**A postal fee is payable.**

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? ENGLISH

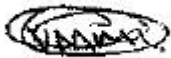
**G. Notice of decision regarding request for access**

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.

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

**IN WRITING via email to [foip@saha.org.za](mailto:foip@saha.org.za)**

Signed at this 8th of November 2018.

A handwritten signature in black ink, appearing to read 'VANESSA SHINGANGE', enclosed within a hand-drawn oval border.

**SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE**

Mrs. Vanessa Shingange (Research Officer)

South African History Archive (SAHA)