AFRICAN RAINBOW MINERALS LIMITED

Registration Number 1933/004580/06

INFORMATION REQUEST FORM

October 2006
1 PARTICULARS OF BODY
Requests can be submitted either via conventional mail, e-mail or fax and should be addressed to the relevant contact person as indicated below:

Contact person: Mrs P F Smit
Postal address: P O 786136, Sandton, 2146
Physical address: ARM House, 29 Impala road, Chislehurston, Sandton, South Africa, 2001
Telephone number: +27 (11) 779 1300
Fax number: +27 (11) 779 1312
E-mail: patricia.smit@arm.co.za

2a PARTICULARS OF REQUESTER (If Natural Person)
(a) 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: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Postal code: ______________

Phone number: (__________)_____________________________________________________
Fax number: (__________)_______________________________________________________
E-mail address: ________________________________________________________________
**Capacity in which request is made, when made on behalf of another person:**

___________________________________________________________________________________

**2b PARTICULARS OF REQUESTER (if a Legal Entity)**

(a) Particulars of the entity that 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 entity:**

___________________________________________________________________________________

**Registration number:**

_______________________________________________________________

**Postal address:**

___________________________________________________________________________________

Postal Code: __________________

**Phone number:** (_________)

**Fax number:** (_________)

**3 PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE**

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

**Full names and surname:**

___________________________________________________________________________________

Identity number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**4 PARTICULARS OF RECORD**

(a) Provide full particulars of the record to which access is requested, including the reference number if it 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.

**Description of record or relevant part of the record:**

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Reference number, if available: _______________________________________________________

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ARM – Access Request Form 2
5 FEES
(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a non-refundable request fee of R50.00 (exclusive of VAT) has been paid.
(b) 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 the record.
(c) You will be notified of the amount required to be paid as the access fee.
(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

6a FORM OF ACCESS TO RECORD
Form in which record is required
Mark the appropriate box with an X.

NOTES:
(a) Compliance with your request in the specified form may depend on the form in which the record is available.
(b) Access in the form requested may be refused under certain circumstances. In such a case, you will be informed whether 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:

☐ Copy of record* ☐ Inspection of record

2. If record consists of visual images:
   (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

☐ View the images ☐ Copy of the images* ☐ Transcription of the images*

3. If the record consists of recorded information that can be reproduced in sound:

☐ Listen to the soundtrack (audio cassette) ☐ Transcription of soundtrack* (written or printed document)
4. If the record is held on computer or in an electronic or machine-readable form:
   (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)

   - [ ] 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? **Postage is payable.**

6b In the event of disability
   *If you are prevented by a disability from reading, viewing or listening to the record in the form of access provided for in 1 to 4 above, state your disability and indicate the form in which the record is required.*

   Disability: ______________________ Form in which record is required: __________
   __________________________________________
   __________________________________________

7 PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED
   *If the space provided is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all additional folios.*

   1. Indicate the right to be exercised or protected: _______________________________________
      _______________________________________
      _______________________________________

   2. Explain why the record requested is required for the exercise or protection of the aforementioned right: _______________________________________
      _______________________________________
      _______________________________________
      _______________________________________

8 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 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? _______________________________________
      _______________________________________
      _______________________________________
      _______________________________________

ARM – Access Request Form
Signed at __________________ this __________ day of __________________ 20__________

SIGNATURE OF REQUESTER/PERSON ON WHOSE BEHALF REQUEST IS MADE

YOU MUST:

1. Complete all necessary spaces.
2. Sign the access request form.
3. Sign additional folios completed.

SEND WITH THIS APPLICATION:

1. R50.00 (if not personal requester) request fee (excluding VAT).
2. Any additional folios completed.
<table>
<thead>
<tr>
<th>Prescribed Fees</th>
<th>Appendix 2</th>
</tr>
</thead>
</table>

(Section 54(7) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

### Regulation 11 (3)

#### 1 PLEASE NOTE THAT ALL PRICES LISTED BELOW ARE EXCLUSIVE OF VALUE-ADDED TAX (VAT)

| (a) For every photocopy of an A4-size page or part thereof | R 1.10 |
| (b) For every printed copy of an A4-size page of part thereof held on a computer or in an electronic or machine-readable form | R 0.75 |
| (c) For a copy in a computer-readable form on |  |
| (i) stiffy disc | R 7.50 |
| (ii) compact disc | R 40.00 |
| (d) For a transcription of visual images, for an A4-size page or part thereof | R 70.00 |
| (i) For a copy of visual images | R 40.00 |
| (ii) For a copy of an audio record | R 60.00 |
| (e) For a transcription of an audio record, for an A4-size page or part thereof | R 20.00 |
| (i) For a copy of an audio record | R 60.00 |
| (f) To search for and prepare the record for disclosure – R30.00 for each hour or part thereof reasonably required for such search and preparation. |  |

[Section 54(2) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)]

[Regulation 11 (3)]

#### 2 PLEASE NOTE THAT ALL PRICES FOR THE ITEMS LISTED BELOW ARE EXCLUSIVE OF VALUE-ADDED TAX (VAT)

| (a) Six hours as the hours to be exceeded before a deposit is payable; and |
| (b) One third of the access fee is payable as a deposit by the requester. |

[Section 54(7) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)]

[Regulation 11 (3)]

#### 3 PLEASE NOTE THAT THE PRICE FOR THE ITEMS LISTED BELOW IS EXCLUSIVE OF VALUE-ADDED TAX (VAT)

The actual postage fee is payable when a copy of a record must be posted to a requester.

### ADDITIONAL PRESCRIBED INFORMATION

The Minister of Justice has prescribed no additional information.

*End of Document*