

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 06-03-2012
Name of Requestor:	DAISY P · ACONDAY	
Address:	ULABS.	
Contact Number:	0995 506 6503	E-mail address: daisy zawitzy@vsu edu p
Proof of Identity:	VSN ID	ID No.: V008 00
Requested Information	n: Condition of	A STORY OF THE STO
at VSU	with current salour	syment indicating the years of service
		- June 2 (2)
No. of copies: 2		
		-11
Reason & intended us	se of requested information	sing application how in VSU.
Davis DALLY	Pany And	
Name & Signature of	Requestor/Representative	
Action on the reques	st:	
Approved:		
	DYCANGO	UNOCOR
	RYSAN C. G Director, ODAS and F	
Evidence of payment:	OR No. 0613616	Date:6 3 22 Amount:20 /
Disapproved:		
	RYSAN C. G	
	Director, ODAS and F	FOI Decision Maker
Remarks/reason for d	isapproval:	