



REPUBLIC OF SOUTH AFRICA

FORM 19

APPLICATION BY ELECTRONIC COMMUNICATIONS SERVICE PROVIDER FOR EXTENSION OF PERIOD WITHIN WHICH INFORMATION MUST BE PROVIDED TO COURT OR CANCELLATION OF DIRECTION

[Regulation 17(1)]

SECTION 5B(3)(b) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

DIRECTION NO	APPLICATION NO
To: (The clerk of the court)	
Facsimile number of clerk of the court:	
E-mail address of clerk of the court:	
From: (name and surname of designated person)	
of (name of electronic communications service provider)	
Facsimile number:	
E-mail address:	
Telephone number:	
Physical address:	

* Mark with a cross(x) whichever is applicable

To be completed by designated person of electronic communications service provider:

1. On behalf of the above-mentioned electronic communications service provider, I am duly authorised to apply for-		
(a)	an extension of the five-court day period for a further period of five court days within which the affidavit must, in terms of section 5B(3)(a) of the Domestic Violence Act, 1998, be submitted to the court	*
(b)	the cancellation of the direction on the ground that this electronic communications service provider does not provide an electronic communications service to the respondent	*
(c)	the cancellation of the direction on the ground that this electronic communications service provider does not provide an electronic communications service to the complainant	*
(d)	the cancellation of the direction on the ground that the requested information is not available in the records of this electronic communications service provider	*

(e)	the cancellation of the direction on the ground that the service of this electronic communications service provider is not used to host or was or is not used to disclose the electronic communication relating to this matter	*
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2. I,
 (name, surname and identity number) working as a
 (designation) at
 (name of electronic communications service provider) situated at the following address

in support of the application hereby state as follows:

.....

3. My authorisation to bring this application is attached.

.....
Signature of Deponent

.....
Date

I certify that before administering the *oath/taking the affirmation I asked the Deponent the following questions and noted the Deponent's answers in the Deponent's presence as indicated below-

- (a) Do you know and understand the contents of the above declaration? Answer _____
- (b) Do you have any objection to taking the prescribed oath? Answer _____
- (c) Do you consider the prescribed oath to be binding on your conscience? Answer _____

I certify that the Deponent has acknowledged that the Deponent knows and understands the contents of this declaration which was *sworn to/affirmed before me, and the Deponent's signature was placed thereon in my presence.

Sworn to/affirmed at this day of20

.....
Justice of the Peace/Commissioner of Oaths

Full names:
 Designation:
 Area for which appointed:
 Work address:

(*Delete whichever is not applicable)