

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**  
[Section 53(1) of the Promotion of Access to Information Act, 2000  
(Act No. 2 of 2000)]

**[Regulation 10]**

**A. Particulars of private body**

The Head:

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

- |     |  |
|-----|--|
| (a) | <i>The particulars of the person who requests access to the record must be given below.</i>                |
| (b) | <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</i> |
| (c) | <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i>                |

Full names and surname:

Identity number:

Postal address:

Fax number: \_\_\_\_\_ Telephone number:

E-mail address:

Capacity in which request is made, when made on behalf of another person:

**C. Particulars of person on whose behalf request is made**

<i>This section must be completed ONLY if a request for information is made on behalf of another person.</i>
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Full names and surname:

Identity number:

**D. Particulars of record**

- |     |   |
|-----|---|
| (a) | <i>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.</i> |
| (b) | <i>If the provided space is inadequate, please continue on a separate folio and attach it to this form. <b>The requester must sign all the additional folios.</b></i>   |

1. **Description of record or relevant part of the record:**
2. **Reference number, if available:**
3. **Any further particulars of record**

**E. Fees**

- (a) 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.
- (b) You will be notified of the amount required to be paid as the request fee.
- (c) 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.
- (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:

**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:					
<p>Mark the appropriate box with an <b>X</b>.</p> <p><b>NOTES:</b></p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(b) 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.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>						
<b>1. If the record is in written or printed form:</b>						
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record			
<b>2. If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):						
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images*	<input type="checkbox"/>	transcription of the images*	
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>						
<input type="checkbox"/>	listen to the soundtrack (audio cassette)	<input type="checkbox"/>	transcription of soundtrack* (written or printed document)			
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>						
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record*	<input type="checkbox"/>	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?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Postage is payable.</b>						

**G. Particulars of right to be exercised or protected**

*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.***

1. Indicate which right is to be exercised or protected:
2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

**H. 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?

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

