

## **REQUEST FOR ACCESS TO RECORD**

[Regulations 7]

NOTE:

1. 2.	Proof of identity must be attached by the requestor. If requests are made on behalf of another person, proof of such authorisation must be attached to this form.												
TO:	The Information Officer												
	(Address)												
Email ac	ddress:												
Mark wit	th an "X"												
Red	quest is made in my own name Request is made on behalf of another person												
1 DEF	OSONAL INFORMATION												
I. PER	RSONAL INFORMATION												
Full nam	ne:												
ID numb	per:												
Capacity	y in which the request is made (when made on behalf of another person):												
Physica	l address: Postal address:												
	Code Code Code												
Email ac	Idress:												
Cell nun	nber: Telephone number:												
Cell Hull													
Full nam	ne:												
ID numb	per.												



Physical address:	Postal address:												
Thysical address.													
Code	Code												
Email address:													
Cell number: Telephone number:													
2. PARTICULARS OF RECORDED REQUESTED													
Provide full particulars of the record to which access is being 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 page and attach it to this form. All additional pages must be signed.  Description of record or relevant part of the record:  Reference number, if available:  Any further particulars of record:													
3. TYPE OF RECORD													
(Mark the applicable box with an "X")													
Record is in written or printed form													
Record comprises virtual images (this includes photogrimages, sketches, etc)	aphs, slides, video recordings, computer-generated												
Record consists of recorded words or information which can be reproduced in sound													

Record is held on a computer or in an electronic, or machine-readable form



4. FORM OF ACCESS
(Mark the applicable box with an "X")
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)
Transcription of soundtrack (written or printed document)  Copy of record on flash drive (including virtual images and soundtracks)
Copy of record on compact disc drive (including virtual images and soundtracks)  Copy of record saved on cloud storage server
5. MANNER OF ACCESS
(Mark the applicable box with an "X")
Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)
Postal services to postal address  Postal services to street address
Courier service to street address  Facsimile of information in written or printed format (including transcriptions)
E-mail of information (including soundtracks if possible) Cloud share/file transfer
Preferred language (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)
6. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED
If the provided space is inadequate, please continue on a separate page and attach it to this form. The requester must sign all the additional pages.
Indicate which right is to be exercised or protected:
Explain why the record requested is required for the exercise or protection of the aforementioned right:



- a) A request fee must be paid before the request will be considered.
- b) You will be notified of the amount of the access fee to be paid.
- 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)	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.
Reasor	n:
	Il be notified in writing whether your request has been approved or denied, as well as the costs of yed requests if any. Please indicate your preferred manner of correspondence below.
Manne	r of correspondence:
Pe	rsonal collection Postal address Electronic communication
If elect	ronic communication was selected, please provide your email address:
Signed	at:
Signatu	ure of Requester/person on whose behalf request is made  Date  D D M M Y Y Y Y



## FOR OFFICIAL USE

Reference nun	nber:																						
Request recei	ved by	: (St	ate	rank	, na	me	and	sur	nam	e o	f Inf	orm	atio	n O	ffice	er)							
Rank:				_																_			
First name(s):																							
Surname:																							
Date received:	М	Y	Y	Y																			
Access fees:																							
Deposit (if any	'):																						
Signature of In	format	ion C	Office	er										Date									
										\				D	D	M	М		(	Y	<b>"</b>		