

**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:

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

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

\_\_\_\_\_

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

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

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

Identity number: \_\_\_\_\_

**C. Particulars of record**

(a) *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.*

(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.***

1. Description of record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Reference number, if applicable: \_\_\_\_\_

3. Any further particulars of record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. 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 therefor.*

Reason for exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. 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:

\_\_\_\_\_  
\_\_\_\_\_

Mark the appropriate box with an "X".

**NOTES:**

- (a) *Your indication as to the required form of access depends on the form in which the record is available.*
- (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.*
- (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
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**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 images*
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**3. If record consists of recorded words or information which can be reproduced in sound -**

	Listen to soundtrack (audio cassette)		Transcription of soundtrack*(written or printed document)
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**4. If record is held on computer or in an electronic or machine-readable form -**

	Printed copy of record*		Printed copy of information derived from the record*	Copy in computer readable form* (stiffy or compact disc)
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<p>* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?</p> <p><b>A postal fee is payable.</b></p>	<p>YES</p>	<p>NO</p>
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**F. 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 requested record is required for the exercising or protection of the aforementioned right: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. 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

**LS-2000/35**