

## 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.	Parti	culars	of	private	body
		1/-			

The Head/Designated Person:

Full name and surname:

Identity number:

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

<ul><li>(a) The particulars of the person who requests access to the record must be given below.</li><li>(b) The address and/or fax number in the Republic to which the information is to be sent must be given.</li><li>(c) Proof of the capacity in which the request is made, if applicable, must be attached.</li></ul>													
Full name and surname:													
Identity number:													
Postal address:													
Telephone number:	()					Fax	numl	oer: (	)				
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													

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

## D. Particulars of record

<ul> <li>(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.</li> <li>(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.</li> </ul>
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.
<ul><li>(b) You will be notified of the amount required to be paid as the request fee.</li><li>(c) The fee payable for access to a record depends on the form in which access is required and the</li></ul>
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 I	by a disability	to read, view	or listen	to the record	l in the forn	n of access	provided for
in 1 to 4 below, state <u>y</u>	our disability	/ and indicate	in which	form the rece	ord is requi	red.	

Disability:		Form in which record is					
Mark the appropriate box with an <b>X</b> . required:							
NOTES:							
record is availab (b) Access in the fo informed if acce	ole. rm requested may be ess will be granted in a	ess in the specified form may refused in certain circumstan nother form. rd, if any, will be determined p	nces. In	such a case yo	u will be	9	
1 If the record is in	n written or printed fo	arm.					
copy of re		inspection of record					
	ts of visual images - hotographs, slides, vic	deo recordings, computer-g	enerat	ed images. sk	etches.	etc.):	
view the i		copy of the images*		transcription of th images*			
3. If record consist	ts of recorded words	or information which can be	erepro	duced in soun	d:		
listen to t (audio ca	he soundtrack ssette)	transcription of soundtrack* (written or printed document)					
	•	electronic or machine-read	dable fo	orm:			
derived from the record* readable form				copy in computer readable form* (stiffy or compact			
	ription to be posted to	of a record (above), do you wi you?	ish	YES	NO		
If the provided spa	tht to be exercised or ce is inadequate, pleas gn all the additional fo	se continue on a separate folio	o and a	ttach it to this	form. <b>Th</b>	ne	
1. Indicate which rig	ht is to be exercised or	protected:					
2. Explain why the re	ecord requested is req	uired for the exercise or prote	ection o	of the aforemer	ntioned	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	
Signed at this day	yyearyear
	SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE