



Request for access to records

NOTE:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

To: the information officer

Delivery address	
E-mail address	
Fax number	

Mark with an "X"

Request is made in my own name	<input type="checkbox"/>	Request is made on behalf of another person	<input type="checkbox"/>
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Personal information

Full names			
Identity number			
Capacity in which the request is made <i>on behalf of someone else</i>			
Postal address			
Street address			
Email address			
Contact numbers	Tel		Facsimile
	Cellular		

Person on behalf of whom the request is made

Full names				
Identity number				
Postal address				
Street address				
Email address				
Contact numbers	Tel		Facsimile	
	Cellular			

Particulars of records requested

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. (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



Type of record *(Mark the applicable box with an "X")*

- Record is in written or printed form
- Record comprises virtual images
(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)
- 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

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

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)*

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)

Particulars of the 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:

Fees

- 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) *If you qualify for exemption of the payment of any fee, please state the reason for exemption*

Reason



You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address		
Facsimile		
Electronic communication		<i>Specify</i>

Signature of requester (or person on whose behalf the request is made)

Name		Signature	
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For office use only

Reference number	
Request received by	<i>(State rank, name and surname of information officer)</i>
Date received	
Access fees	
Deposit (if any)	

Signature of information officer

Name		Signature	
Date			

