

Request for Access to Record

[Regulation 7]

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 **E-mail Address:** _____
Address: _____ **Fax Number:** _____

Mark with an "X"

- Request is made in my own name Request is made on behalf of another person.

Personal Information

Full Names: _____ **Identity Number:** _____

Capacity in which request is made *(when made on behalf of another person)*

Postal Address:

Street Address:

E-mail Address: _____

Contact Numbers - Tel. (B): _____

Contact Numbers - Cellular: _____

Contact Numbers - Facsimile: _____

Full names of person on whose behalf request is made *(if applicable):*

Identity Number: _____

Postal Address:

Street Address:

E-mail Address: _____

Contact Numbers - Tel. (B): _____

Contact Numbers - Cellular: _____

Contact Numbers - Facsimile: _____

Particulars of Record 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:

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Reference number, if available:

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Any further particulars of record:

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Type of Record

(Mark the applicable box with an "X")

Record is in written or printed form	<input type="checkbox"/>
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	<input type="checkbox"/>
Record consists of recorded words or information which can be reproduced in sound	<input type="checkbox"/>
Record is held on a computer or in an electronic, or machine-readable form	<input type="checkbox"/>

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)	<input type="checkbox"/>
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	<input type="checkbox"/>
Transcription of soundtrack (written or printed document)	<input type="checkbox"/>
Copy of record on flash drive (including virtual images and soundtracks)	<input type="checkbox"/>
Copy of record on compact disc drive (including virtual images and soundtracks)	<input type="checkbox"/>
Copy of record saved on cloud storage server	<input type="checkbox"/>

Manner of Access <i>(Mark the applicable box with an "X")</i>	
Personal inspection of record at registered address of public/private body <i>(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)</i>	<input type="checkbox"/>
Postal services to postal address	<input type="checkbox"/>
Postal services to street address	<input type="checkbox"/>
Courier service to street address	<input type="checkbox"/>
Facsimile of information in written or printed format <i>(including transcriptions)</i>	<input type="checkbox"/>
E-mail of information <i>(including soundtracks if possible)</i>	<input type="checkbox"/>
Cloud share/file transfer	<input type="checkbox"/>
Preferred language <i>(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)</i>	<input type="checkbox"/>

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:

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>(Please specify)</i>

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:

Request received by:

(State Rank, Name and Surname of Information Officer)

Date received:

Access fees:

Deposit (if any):

Signature of Information Officer