

# FORM C

## 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 public 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>The 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 has been made, if applicable, must be attached.</i></p>
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Full names and surname: \_\_\_\_\_

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

Postal address: \_\_\_\_\_

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Fax number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Capacity in which request is made, when made on behalf of another person:

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**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*

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

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

**D. 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 the record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 Reference number, if available: \_\_\_\_\_

3 Any further particulars of the record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Fees**

- (a) A request for access to a record other than 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 the 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 the exemption of the payment of any fee, please state the reason for exemption.

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

**F. Form of access to record**

*If you are prevented by disability to read, view of 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) Compliance with your request for access in the specified form may depend 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 the access to the record, if any, will be determined partly by the form in which access is requested.

<b>1. If the record is in written or printed form:</b>				
	copy of record*		inspection of record	
<b>2. If the record consists of visual images-</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):				
	view the images		copy of the images*	transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>				
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)	
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>				
	printed copy of record*		printed copy of information derived from the record*	copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? <b>Postage is payable.</b>	YES	NO
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**G. 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 record requested is required for the exercise or protection of the  
aforementioned 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 regarding your request for access to the record?

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Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF REQUESTER / PERSON ON  
WHOSE BEHALF REQUEST IS MADE