

## FORM 2

# 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   |
|        |   |
|        |   |
|        | (Address)   |
| E-mail | address:  |
| Fax nu | ımber:  |
| Mark v | vith an "X"   |
|        | Request is made in my own name Request is made on behalf of another person.                               |
| PERS   | ONAL INFORMATION  |
| Full n | ames:   |
| Ident  | ity number:   |
|        | city in which   |
|        | est is made<br>on made on   |

| behalf of another                |
|----------------------------------|
| person):                         |
| Postal Address:                  |
| Street Address:                  |
| E-mail Address                   |
| Contact numbers:                 |
| Tel. (B):                        |
| Cellular:                        |
| Cellular.                        |
| 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):                        |
| Cellular:                        |
|                                  |
| 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:

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, computergenerated 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 or 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)

Cloud share/file transfer

Preferred language:

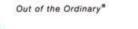
(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)

#### PARTICULARS OF 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:





|                    |   | FEE                       | S  |
|--------------------|---|---------------------------|--|
| a) b) c) d) Reason | You will be notified of The fee payable for a reasonable time required If you qualify for exe | uired to search for and p | ess fee to be paid.  nds on the form in which access is required and the   |
| relating           | -   |                           | s been approved or denied and if approved the costs referred manner of correspondence:  Electronic communication  (Please specify) |
| Signed<br>20       |   | on this                   | day of   |
| <br>Signatu        | re of requester / persor  | on whose behalf reques    | t 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 | n Officer |   |

WHOSE BEHALF REQUEST IS MADE