

**FORM A**

**REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**  
**(Section 18(1) of the Promotion of Access to Information Act, 2000)**  
**(Act No. 2 of 2000)**  
**[Regulation 6]**

<b><u>FOR DEPARTMENTAL USE</u></b>	<b><u>Reference Number:</u></b> .....
Request received by ..... (state rank, name and surname of information officer/deputy information officer) on .....(date) at .....(place) Request fee (if any):      R..... Deposit (if any):      R..... Access fee:      R.....	
..... <b><u>SIGNATURE OF INFORMATION OFFICER/</u></b> <b><u>DEPUTY INFORMATION OFFICER</u></b>	

**A. Particulars of public body**

The Information Officer/Deputy Information Officer:

.....

.....

.....

.....

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

- (a) *The particulars of the person who requests access to the record must be given below.*
- (b) *The address and/or fax number in the Republic to which the information is to be sent, must be given.*
- (c) *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: .....

.....

Identity number: .....

Postal address: .....

.....

..... Fax number: .....

Telephone number: ..... 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.*

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 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.*
- (b) *You will be notified of the amount required to be paid as the request fee.*
- (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 for exemption from payment of fees: .....

.....

.....



**F. Form of access to record**

*If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, 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 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>			
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	Inspection of record
<b>2. If record consists of visual images:</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)			
<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	Transcription of the image*
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>			
<input type="checkbox"/>	Listen to the soundtrack (audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>			
<input type="checkbox"/>	Printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer readable form* (stiffy or compact disc)

<p>*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></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p><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></p>		
<p>In which language would you prefer the record? .....</p>		

**G. Notice of decision regarding request of access**

<p><i>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.</i></p>
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How would you prefer to be informed of the decision regarding your request for access to the record? .....

.....

Signed at ..... this ..... day of .....20....

.....  
**SIGNATURE OF REQUESTER / PERSON ON  
WHOSE BEHALF REQUEST IS MADE**

DMS224260