

**FORM: 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 PRIVATE BODY**

---

**B: PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD**

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

Identity/passport number: \_\_\_\_\_

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

Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Capacity in which request is made. Please attach proof.

---

---

---

---

---

**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, e.g. next of kin, advocate of person.

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

Identity/passport number: \_\_\_\_\_

**D. PARTICULARS OF RECORD**

If the provided space is inadequate, please continue on a separate page and attach it to this form.

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 the relevant request fee and access fees have been paid.
- b) You will be notified of the request fee and any applicable access fees upon approval of your request.

If you qualify for exemption of the payment of fees in terms of the act, please state the reason thereof:

---

**F. FORM OF ACCESS TO RECORD**

- a) You may request the form in which you require access to a record, as per 1- 4 hereunder.
- b) Access to a form 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 will be influenced by the form in which it is required.

**Please select the form of access you require:**

1) If the record is in written/printed form:

Inspection of record  Copy of record

2) If the record is in visual form (photos, video, slides etc.):

View the record  Copy of record

3) If the record is in audio form:

Listen to record  Transcription of record

4) If the record is held in an electronic system:

Screenshot of record (view)

Screenshot of record (printed copy)

If you requested a copy or transcription of a record, do you wish the copy to be posted to you? *A postal fee will be payable.*

Yes  No

If you are prevented by a disability to read, view or listen to a record, indicate in which alternate form the record is required.

Disability: \_\_\_\_\_

Form in which record is required: \_\_\_\_\_

**G: LANGUAGE OF THE RECORD**

I can only supply the records in the language it was originally recorded in.

**H: PARTICULARS OF THE RIGHT TO BE EXERCISED OR PROTECTED**

Indicate which right is to be exercised or protected.

The right of access to information and \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain why the record requested is required for the exercise or protection of the right:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I: NOTICE OF DECISION REGARDING REQUEST FOR ACCESS**

You will be notified in writing, via email, whether your request has been approved/denied. If you are unable to receive email, please specify in which alternate manner you prefer to be notified:

Phone: \_\_\_\_\_

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

Post: \_\_\_\_\_

Other: \_\_\_\_\_

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

\_\_\_\_\_

SIGNATURE OF REQUESTER