

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 PRIVATE BODY

The Information Officer:					
B. PARTICULARS OF P	ERSON REQUESTING ACCESS TO THE RECORD				
	of the person who requests access to the record must be given below.				
	or fax number in the Republic to which the information is to be sent must be given.				
(c) Proof of the cap	acity in which the request is made, if applicable, must be attached.				
Full names and surname:					
Identity number:					
Postal address:					
Telephone number:	() Fax number: ()				
E-mail address:					
Capacity in which reques	t is made, when made on behalf of another person:				
C. PARTICULARS OF P	ERSON ON WHOSE BEHALF REQUEST IS MADE				
	npleted 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:
Ε.	FEE	
	(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.
	Rea	son for exemption from payment of fees

F. FORM OF ACCESS TO RECORD

-	re prevented by a disability to ur disability and indicate in w		or listen to the record in the for he record is required.	m of acces	ss provided for in 1 to 4 below,	
Disability:			Form in which record is required:			
Mark th	e appropriate box with an X.					
NO	OTES:					
(a)		uest for acc	ess in the specified form may	depend on	the form in which the record	
(b)						
(c)	The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.					
1.	If the record is in written	or printed	form:			
	copy of record*		inspection of record			
2.	If record consists of visual images, sketches, etc.):	l images (th	is includes photographs, slides	s, video red	cordings, computer-generated	
	view the images		copy of the images*		transcription of the images*	
3.	If record consists of recor	ded words	or information which can be	reproduc	ed in sound:	
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)		
4.	If record is held on comp	uter or in a	n electronic or machine-read	able form	:	
	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 transcrip	tion of a rec	eord (above), do you wish the c	opy or tra	nscription to be posted to you?	
Postage	is payable.		YES NO			
G. PAR	RTICULARS OF RIGHT TO B	E EXERCISI	ED OR PROTECTED			
•	ovided space is inadequate, p uester must sign all the add		nue on a separate folio and attacos.	ch it to thi	s form.	
1.	Indicate which right is to be	e exercised	or protected:			
2.	Explain why the record req	uested is re	quired for the exercise or protect	ction of th	e 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?					
Signed at	this dayof	year			
	SIGNATURE OF REQUES				
	PERSON ON WHOSE BEH	IALF KEQUEST IS MADE			