## Appendix 1

## FORM 2 REQUEST FOR ACCESS TO RECORD

## (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[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 number:

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person

PERSONAL INFORMATION				
Full names:				
Identity number:				
Capacity in which				
request is made (when				
made on behalf of				
another person):				
Postal address:				
Street address:				
E-mail address:				
Contact numbers:	Tel. (B):		Facsimile:	
	Cellular:			
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):	Facsimile:	
	Cellular:		
Provide full particulars of t		hich access is requested, including the reference number if th	at is
		be located. (If the provided space is inadequate, please conti	
		ach it to this form. All additional pages must be signed.)	100
Description of record of	page and and		
relevant part of the			
record:			
Reference number, if			
available:			
Any further particulars of			
record:			
		TYPRE OF RECORD	
	(Mark	the applicable box with an "X".)	
Record is in written or printe	ed form.		
Record comprises of virtua	l images (this ir	ncludes photographs, slides, video recordings, computer-	
generated images, sketches etc.)			
Record consists of recorde	d words or info	rmation which can be reproduced in sound.	
Record is held on a compu	uter or in an ele	ectronic, or machine-readable form.	
		FORM OF ACCESS	
	(Marl	k if applicable box with an "X")	
Printed copy of record (inc	luding copies	of any virtual images, transcriptions and information held on	
computer or in an electronic or machine-readable form).			
Written or printed transcription of 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 disk drive (including virtual images and soundtracks).			
Copy of record saved on a	cloud storage s	erver.	
		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 prov	(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 wh	ndicate which right is to be		
exercised or	protected:		
Explain why	the record		
•	required for the		
	protection of the		
aforementic	oned right:		
FEES			
a)	A request fee must b	be paid before the request will be considered.	
b)	You will be notified of the amount of the access fee to be paid.		
c)	The fee payable for access to a record depends on the form in which access is required and		
the	reasonable time requ	uired to search for and prepare a record.	
d)	If you qualify for exe	mption of the payment of any fee, please state the reason for exemption.	
Reason:			

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence.

Postal address	Facsimile	Electronic communication (Please specify)

Signed at \_\_\_\_\_\_\_this \_\_\_\_\_day of \_\_\_\_\_\_ 20 \_\_\_\_\_.

Signature of requester/person on whose behalf request is made

## FOR OFFICIAL USE

Reference number:	
Request received by (state rank, name and surname of	
information).	
Date received:	
Access fees:	
Deposit (if any):	

Signature of information officer

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