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| Particulars of Private Body | |
| The Designated Person | |
| Particulars of a Person Requesting Access to the Record | |
| 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: | |
| Particulars of a person requesting access to the record | |
| This section must be completed only if a request for information is made on behalf of another person. | |
| Full Name and Surname: | |
| Identification Number: | |
| Particulars of Record | |
| Description of record or relevant part of record: | |
| Reference number, if available: | |
| Any further particulars of record: | |
| 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 | The requester 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 reasonable time required to search for and prepare a record. |
| D | If the requester qualifies for exemption of payment of any fee, state reason for exemption. |
| Reason for exemption from payment of fees: | |

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| Form of access to record | |
| If the requester is prevented by a disability to read, view or listen to the record in the form access provided for in 1 to 4 hereunder, the requester must state and indicate in which form the record | |
| Disability: | Form in which record is required: |
| Mark appropriate box with a mark X | |
| <p>Notes:</p> <ul style="list-style-type: none"> • Compliance with the request in the specified form may depend on the form in which the record is available; • Access in the form requested may be refused in certain circumstances. In such a case the requester will be informed if access will be granted in another form; • The fee payable for access to the record, if any will be determined partly by the form in which access is requested | |
| If the record is in written or printed form | |
| <input type="checkbox"/> Copy of record <input type="checkbox"/> Inspection of record | |
| If record consists of visual images (this includes photographs, slides, video recordings, computer - generated images, sketches, etc.) | |
| <input type="checkbox"/> View the image <input type="checkbox"/> Copy of the image <input type="checkbox"/> Transcript of the image | |
| If record consists of recorded words or information which can be reproduced in sound | |
| <input type="checkbox"/> Listen to the soundtrack (audio cassettes) <input type="checkbox"/> Transcription of soundtrack (written or printed document) | |
| If record is held on computer or in an electronic or machine - readable form | |
| <input type="checkbox"/> Printed copy of information derived from the record <input type="checkbox"/> Printed copy of record <input type="checkbox"/> Copy in computer readable form (stiffy or compact disc) | |



If a copy or transcript of a record above is requested, must it be posted to the requester?

Postage is payable

Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it on this form. The requester must sign all the additional folios.

Indicate which right is to be exercised or protected

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

Notice of decision regarding request for access

You will be notified whether the request has been approved or 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?

Signatures

Signed at on the day of 20.....

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SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE