FORM 2- REQUEST FOR ACCESS TO INFORMATION

As required by Regulation 7 of PAIA

Note:

- Proof of identity must be attached by the requester.
- If requests made on behalf of another person, proof of such authorisation, must be attached to this form.

To:

The Organisation			
The Information Officer			
Address			
Email address			
Request is made (mark with an **X**):	in the requester's own name	on behalf of another person	
Capacity - should the request be made on behalf of another person			

1 **Personal Information**

Full names			
Identity number			
Postal address			
Street address			
Email address			
Cellphone number		Home telephone number	

Initial

Only to be completed if the request is made on behalf of another person

Full names of other person			
Identity number			
Postal address			
Street address			
Email address			
Cellphone number		Home telephone number	

2 **Particulars of requested record**

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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record
Reference number (if available)
Any further particulars of record

3 **Type of record** (mark the applicable with an **X**)

Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	

4 **Form of access** (mark the applicable with an **X**)

Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	

Initial

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 disc drive (including virtual images and soundtracks)	
Copy of record saved on cloud storage server	

5 **Manner of access** (mark the applicable 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	(please complete with an official language of the Republic)

(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)

6 **Particulars of right to be exercised or protected**

Indicate which right is to be exercised or protected

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

7 **Fees**

Initial

(a) An access or request fee must be paid before the request will be considered.

(b) the requester 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 required to search for and prepare a record.

If you qualify for exemption of the payment of any fee, please state the reason for exemption

8 **Manner of correspondence**

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.

Method	Postal address	Email

9 **Requester / representative signature**

DATED AT (place)		ON		20	

REQUESTER / REPRESENTATIVE SIGNATURE

10 **Confirmation of receipt for official use**

Reference number	
Information Officer	
Date received	
Access fees	
Deposit (if any)	

INFORMATION OFFICER SIGNATURE

Initial