

## **REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

	FOR OFFICIAL USE
Reference No.	701101111111111111111111111111111111111
Request Received By:	
(Rank / Name and Surname of	
Information Officer or Deputy Information Officer)	
· ·	
Date	
Place	
Request fee (if any)	
Deposit (if any)	
Access Fee	
Signature of Information Officer /	
Deputy Information Officer	
A: Particulars of Public Body  Information Officer / Deputy Information Officer	
B: Particulars of Person Requesting	Access to the Record
(a) The particulars of the person who re (b) The address and/or fax number in t	equests access to the record must be given below.  The Republic to which the information is to be sent, must be given.  The request is made, if applicable, must be attached.
(a) The particulars of the person who re (b) The address and/or fax number in t	equests access to the record must be given below. he Republic to which the information is to be sent, must be given.
(a) The particulars of the person who re (b) The address and/or fax number in t (c) Proof of the capacity in which the	equests access to the record must be given below. he Republic to which the information is to be sent, must be given.
(a) The particulars of the person who re (b) The address and/or fax number in t (c) Proof of the capacity in which the t	equests access to the record must be given below. he Republic to which the information is to be sent, must be given.
(a) The particulars of the person who re (b) The address and/or fax number in t (c) Proof of the capacity in which the re  Full Name and Surname  Identity Number	equests access to the record must be given below. he Republic to which the information is to be sent, must be given.
(a) The particulars of the person who re (b) The address and/or fax number in t (c) Proof of the capacity in which the t  Full Name and Surname  Identity Number  Postal Address	equests access to the record must be given below.  the Republic to which the information is to be sent, must be given.  request is made, if applicable, must be attached.
(a) The particulars of the person who re (b) The address and/or fax number in t (c) Proof of the capacity in which the t  Full Name and Surname  Identity Number  Postal Address  Fax Number	equests access to the record must be given below.  the Republic to which the information is to be sent, must be given.  request is made, if applicable, must be attached.
(a) The particulars of the person who re (b) The address and/or fax number in the (c) Proof of the capacity in which the limitative Number  Postal Address  Fax Number  E-mail Address  Capacity in which request is made, when made on	requests access to the record must be given below.  The Republic to which the information is to be sent, must be given.  The request is made, if applicable, must be attached.  Telephone Number
(a) The particulars of the person who re (b) The address and/or fax number in to (c) Proof of the capacity in which the life of the capacity in which request is made, when made on behalf of another person  C: Particulars of Person on Whose life of the capacity in which request is made, when made on behalf of another person	requests access to the record must be given below.  The Republic to which the information is to be sent, must be given.  The request is made, if applicable, must be attached.  Telephone Number
(a) The particulars of the person who re (b) The address and/or fax number in to (c) Proof of the capacity in which the life of the capacity in which request is made, when made on behalf of another person  C: Particulars of Person on Whose life of the capacity in which request is made, when made on behalf of another person	requests access to the record must be given below.  The Republic to which the information is to be sent, must be given.  Telephone Number  Behalf Request is Made

D:	<b>Particulars</b>	of	Record
D:	Particulars	of	Record

, .	D							
(a)	Provide full particular enable the record to	of the record to which access is requested, including the reference number if that is known to you, to						
/h1								
(b)	all the additional folio	ed space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign onal folios.						
	on of record or							
relevant	part of the record							
Referenc	e number, if							
available	<b>!</b>							
	er particulars of							
record								
E: F	ees							
(a)		o a record, other than a record containing personal information about yourself, will be processed only						
(1-1	after a <b>request fee</b> ho							
(b) (c)		the amount required to be paid as the request fee.  Ccess to a record depends on the form in which access is required and the reasonable time required						
(C)	to search for and pre							
(d)		ption of the payment of any fee, please state the reason for exemption.						
Reason fo	or exemption from							
,								
F: F	form of Access to Re	cord						
	revent by a disability to re e in which form the recor	d, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability is required.						
Disability	:	Form in which record is required						

Mark	the appropriate box with an <b>X</b> .				
NOTE	<b>ES</b> :				
(a)	Compliance with your requ	est for access in the specifie	ed form may depend o	n the form in which t	he record is available.
(b)	Access in the form reques	ted may be refused in cert	ain circumstances. In	such a case you w	ill be informed if access will be
	granted in another form.				
(c)		to the record, if any, will be	determined partly by	the form in which ac	cess is requested.
1.	If the record is in written	or printed form:	_		
	Copy of record*		Inspection of re	cord	
2.	If record consists of visuo	-			
	(this includes photograp	hs, slides, video record	Copy of the im		es, sketches, etc.):  Transcription of
	View the images		Copy of the line	uges*	the images*
3.	If record consists of reco	rded words or informa	ition which can be	e reproduced in	•
	Listen to the soundtrac		Transcription of		
	(audio cassette)	`	(written or print		
	<u> </u>				
4.	If record is held on comp				
	Printed copy of record*	k	Printed copy of derived from th		Copy in
			delived ilom in	le record	computer readable form*
					(stiffy or
					compact disc)
*If y	you requested a copy of	or transcription of a	record (above),	do you wish t	he copy or YES NO
	scription to be posted to	/ou?			
	age is payable.				
	e that if the record is not o thich the record is availab	=	age you preter, ac	ccess may be gr	anted in the language
	rhich language would you				
**		protot mo record.			
G:	Notice of Decision Re	egarding Request for A	ccess		
Youv	will be notified in writing whether	vour request has been appro	oved/denied. If you w	ish to be informed in	another manner, please
	ify the manner and provide the r				
How	would you prefer to be				
	rmed of the decision				
	arding your request for ess to the record?				
acc	ess to the record:				
Sign	ned at	tr	nis day of		20
				SIGNATURE	F REQUESTER/PERSON
				SIGNATURE O	I WEGOTALEKACH

ON WHOSE BEHALF REQUEST IS MADE