### 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 public body				
The	The Head:				
В.	Particulars of person requesting ac	cess to the record			
(a)	<ul> <li>The particulars of the person who reque below.</li> </ul>	ests access to the record must be recorded			
(b)	b) The address and/or fax number in the F	The address and/or fax number in the Republic to which information must be sent.			
(c)	<ul> <li>Proof of the capacity in which the requalitation</li> <li>attached.</li> </ul>	est has been made, if applicable, must be			
Full	ıll names and surname:				
lden	entity number:				
	ostal address:				
1					
	F	ax number:			
Telephone number:		-mail:			

Capacity in which request is made, when made on behalf of another person:

# C. Particulars of person on whose behalf request is made

Thi	s section must be completed ONLY if a request for information is made on behalf of
and	other person
Full	names and surname:
lden	tity 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 the record or relevant part of the record:
2	Reference number, if available:
3	Any further particulars of the record:
	No.

### E. Fees

- (a) A request for access to a record other than 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 the 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 the exemption of the payment of any fee, please state the reason for exemption.

Reason for the exemption from payment of fees:	

#### F. Form of access to record

If you are prevented by disability to read, view of or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability:	Form in which record is required:

Mark the appropriate box with an X.

### NOTES:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for the 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.	<ol> <li>If the record consists of visual images- (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):</li> </ol>							
		view the images		copy of the images*			transcription	
3.		ord consists of reco duced in sound:	rded	words or informatior	n whi	ch ca	n be	
		listen to the soundtrack (audio cassette)		transcription of sound (written or printed do				
4.	If reco	ord is held on comp	uter c	or in an electronic or	mac	hine-	readable 1	orm:
		printed copy of record*		printed copy of information derived from the record*		read	y in compu lable form <sup>,</sup> ompact dis	* (stiffy
Pos G.	Part		e exer		F Sec		olio and a	ttach
1	Indic	ate which right is to b	е ехе	ercised or protected: _				
Explain why the record requested is required for the exercise or protection of the aforementioned right:								

H.	Notice of	of decision	regarding	request	for access
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You will	be notified	in writing	whether yo	our request	has been	approved/den	ied. If
you wish	to be infori	med in and	other mann	er, please s	specify the	manner and p	rovide
the neces	ssary partic	ulars to er	nable compl	iance with y	our reque	st.	

How would you prefer access to the record?	be informed of the decision regarding your request for
Signed at	thisday of
	SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

\* 1