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

(Section 50(1) of the Promotion of Access to Information Act, 2000)  
(Act No. 2 of 2000)

[Regulation 10]

Prescribed Form C – Request for Access to Record of Private Body

**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 Private Body**

The Head/Designated Person: \_\_\_\_\_  
\_\_\_\_\_

**B. Particulars of person requesting access to the record**

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address and/or email in the Republic to which the information is to be sent must be given.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full Names and Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_

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

This section must *ONLY* be completed *if* a request *for information* is made on behalf of *another* person. Proof is required for authority in the form of a letter of authorisation from the person on whose behalf the request is made and a certified copy of the identification of the requester and the person on whose behalf the request is made, is required.



Full Names and Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## 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 Requestor must sign all the additional folios.

1. Description of record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reference number, if available: \_\_\_\_\_

\_\_\_\_\_

3. Any further particulars of record: \_\_\_\_\_

\_\_\_\_\_

## E. Fees

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

Reason for exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**F. Form of access to record**

If you are prevented by a disability to read, view, 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: _____
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*Mark the appropriate box with an X.*  
**NOTES:**  
 (a) Compliance with your request 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 access to the record, if any, will be determined partly by the form in which access is requested.

<b>4. If the record is in written or printed form:</b>			
<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
<b>3. If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images*
<input type="checkbox"/>		<input type="checkbox"/>	Transcription of the images*
<b>2. If record consists of recorded words or information which can be reproduced in sound:</b>			
<input type="checkbox"/>	Listen to the soundtrack	<input type="checkbox"/>	Transcription of soundtrack*
<b>1. If record is held on computer or in an electronic or machine-readable form:</b>			
<input type="checkbox"/>	Printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer readable form*
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted or couriered to you? <b>Postage/Courier fees are payable.</b>			YES
			NO

### G. Particulars of right to be exercised or protected

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

1. Indicate which right is to be exercised or protected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Explain why the record requested is required for the exercise or protection of the  
aforementioned right: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### H. Notice of decision regarding request for access

*You will be notified in writing whether your request has been approved/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? \_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTOR/PERSON  
ON WHOSE BEHALF REQUEST IS MADE