

## FORM A

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

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

#### 1. Particulars of private body

Private Body: \_\_\_\_\_

Information Officer: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

#### 2. Particulars of person requesting access to the record

Full Name & Surname: \_\_\_\_\_

Identity/Company Registration Number: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Request is made in my capacity as (please tick):

☐ Personal Capacity

☐ On behalf of another person (attach proof of authority)

#### 3. Particulars of person on whose behalf request is made (if applicable)

Full Name & Surname: \_\_\_\_\_

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

#### 4. Particulars of record requested

Description of record(s): \_\_\_\_\_

\_\_\_\_\_

Any further particulars that may help to identify the record: \_\_\_\_\_

Form of access (tick applicable):

- ☐ Inspection of record
- ☐ Printed copy of record
- ☐ Electronic copy (USB/email)
- ☐ Other: \_\_\_\_\_

### 5. Right to be exercised or protected

Indicate which right is to be exercised/protected: \_\_\_\_\_

\_\_\_\_\_

Explain why the requested record is required for the exercise/protection of the right:

\_\_\_\_\_

\_\_\_\_\_

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

You will be notified in writing whether your request has been approved/declined. If you wish to be informed in another manner, please specify: \_\_\_\_\_

### 7. Signature

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

Signature of requester: \_\_\_\_\_

Note:

- A request fee may be payable as prescribed under the Act.
- Proof of identity must be submitted with this form.