

**Schedule 1 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)*

**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 fax number 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: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

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

\_\_\_\_\_

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

This section must be completed ONLY if a request for information is made on behalf of another

Full names and surname: \_\_\_\_\_

Identity 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 record or relevant part of the record:

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2. Reference number, if available:

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3. Any further particulars of record:

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**E. Fees**

- a. Provide A request for access to 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 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:

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**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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<p><b>NOTES</b></p> <ul style="list-style-type: none"><li>* <i>Compliance with your request in the specified form may depend on the form in which the record is available</i></li><li>* <i>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</i></li><li>* <i>The fee payable for access to the record, if any, will be determined partly by the form in which access is requested</i></li></ul>
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Mark the appropriate box with an **X**

<b>1. If the record is in written or printed form</b>					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	<input type="checkbox"/>	Inspection of record	
<b>2. 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 the images*	<input type="checkbox"/>	Transcription of the images*
<b>3. 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"/>	Copy of soundtrack*	<input type="checkbox"/>	Transcription of soundtrack*
<b>4. 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"/>	Copy in computer readable form* <b>(CD or flash drive)</b>

\*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? **Postage is payable.**

Select:

YES	NO
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#### 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:

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

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#### 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?

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

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Signature of requester/

Person on whose behalf request is made