

FORM A
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)
[Regulation 2]

FOR NHBRC USE

Reference Number

Request received by (state rank, name and surname of information officer/deputy information officer (date) at (place).

Request fee (if any): R

Deposit (if any): R

Access fee: R

SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

a) The particulars of the person who requested the access to the record must be recorded below.

b) Furnish an address and/or fax number in the Republic to which information must be sent.

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 request is made, when made on behalf of another person;

1.1. Particulars of Person on Whose Behalf the Request is Being Made

This section must be completed only if the request for information is being made on behalf of another person.

6.16.1. Full names and surname:

6.16.2. Identity number:

6.17. Particulars of the 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.**

6.17.1. Description of record to relevant part of the record;

6.17.2. Reference number, if available;

6.17.3. Any further particulars of record;

6.18. Fees

- a) 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 to be paid as the request fee.

6.18.1. Reason for Exemption From Payment of Fees:

6.19. Form of Access to Record

6.19.1. 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 : |
|--|------------------------------------|
| <p>Mark the appropriate box with an "X"</p> <p>NOTES :</p> <ul style="list-style-type: none">a) Your indication as to the required form of access depends 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. | |

| | | | | | |
|---|--|--|--------------------------------|------------|---|
| 1. If the record is in written or printed form – | | | | | |
| | Copy of record* | | | | Inspection of Record* |
| 2. If the record consists of visual images – (This includes photographs, slides, video recordings, computer generated images, sketches, etc.) | | | | | |
| | View the Images* | | Copy of the images* | | Transcription of the images |
| 3. If record consists of recorded words of information which can be reproduced in sound - | | | | | |
| | Listen to the soundtrack (audio cassette) | | | | Transcription of soundtrack* (written or printed document) |
| 4. If record is held on computer or in an electronic or machine-readable form - | | | | | |
| | Printed copy of record* | | Printed copy of record* | | Printed copy of record* |
| *If you requested a copy of the transcription of a record above, do you wish the copy or transcription to be posted to you? A postal fee is payable | | | | YES | NO |
| Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available. | | | | | |
| In which language would you prefer the record? | | | | | |

6.20. 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 thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with our request.

6.20.1. How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at _____ on this _____ day of _____ 2 _____

Signature of Requester/Person on Whose Behalf Request is Made.