PAIA FORM 2 - REQUEST FOR ACCCESS TO RECORD

FORM 2
REQUEST FOR ACCESS TO RECORD
[Regulation 7]

NOTE:

- ✓ Proof of identity must be attached by the requester.
- ✓ If requests are made on behalf of another person, proof of such authorisation must be attached to this form.

A. PARTICULARS OF REQUESTER

Full names: _____

Identity number: _____

Postal address: _____

Street address: _____

E-mail address: _____

Contact numbers: Tel (B): _____ Cell: _____

In my capacity as (mark with "x"):
☐ Information Officer
☐ Other (specify): _____

B. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE (if applicable)

Full names: _____

Identity number: _____

Postal address: _____

Street address: _____

E-mail address: _____

Contact numbers: Tel (B:)_____

Cell: _____

Capacity in which request is made: _____

C. PARTICULARS OF RECORD REQUESTED

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.

Description of record or relevant part of the record:

_____

_____

_____

_____

Reference number (if any): _____

Any further particulars of record: _____

D. FEES

- ✓ 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.
- ✓ You will be notified of the amount required to be paid as the request fee.
- ✓ 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.
- ✓ If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption: _____

E. 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: _____

Mark the indication of the form in which you require access to the record:

☐ 1. Your personal inspection of the record (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)
☐ 2. Printed copies of the record
☐ 3. Written or printed transcription of virtual images
☐ 4. Transcription of soundtrack
☐ 5. Copy of information on flash drive
☐ 6. Copy of information on compact disc drive
☐ 7. Copy of record saved on cloud storage server
☐ 8. Postal services to postal address
☐ 9. Postal services to street address
☐ 10. Courier service to street address
☐ 11. Facsimile of information in written or printed format
☐ 12. E-mail of information
☐ 13. Cloud share/file transfer

Preferred language (if applicable): _____

F. DELIVERY OF RECORD

Please indicate your preferred manner of correspondence:

☐ Postal address
☐ Facsimile
☐ Electronic communication (please specify): _____

Signed at _____ this _____ day of _____ 20 _____

Signature of requester / person on whose behalf request is made: _____

FOR OFFICE USE

Reference number: _____

Request received by: _____

Date received: _____

Access fees: _____

Deposit (if any): _____

Signature of Information Officer: _____