

**FORM C**  
**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**  
**(Section 53(1) of the Act)**  
**[Regulation 10]**

**A. Particulars of private body**

The Head: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

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 person.*

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

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax 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 requester must sign all the additional folios.***

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

\_\_\_\_\_

\_\_\_\_\_

Reference number, if available:

\_\_\_\_\_

2. Any further particulars of record:

\_\_\_\_\_

\_\_\_\_\_



**E. Fees**

- |   |
|---|
| <p>(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a <b>request fee</b> has been paid.</p> <p>(b) You will be notified of the amount required to be paid as the request fee.</p> <p>(c) The <b>fee payable for access</b> to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.</p> <p>(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.</p> |
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Reason for exemption from payment of fees:

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**F. Form of access to record**

<p><i>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.</i></p>	
<p>Disability: _____</p>	<p>Form in which record is required: _____</p>
<p>Mark the appropriate box with an <b>X</b>.</p> <p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	



<b>1. If the record is in written or printed form:</b>			
	copy of record*		inspection of record
<b>2. If record consists of visual images</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):			
	view the images		copy of the images* transcription of the images*
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>			
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>			
	printed copy of record*		printed copy of information derived from the record* copy in computer readable form* (stiffy or compact disc)
*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?			YES
Postage is payable.			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 requester 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 requestor /  
person on whose behalf request is made

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Name of requestor /  
person on whose behalf request is made

