

Form 2

Request For Access to Records

[Regulation 7]

Note:

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

To: The Information Officer

Name and Surname:

Business Address:

E-mail Address:

Fax Number:



Please annotate with an X

☐

Request is made in my own name.

☐

Request is made on behalf of another person.

Personal Information

Full Names:

Identity Number:

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

Postal Address:

Street Address:

E-mail Address:

Contact Numbers:

Landline:

Mobile:

Full names of person on whose behalf request is made [if applicable]:

Identity Number:

Postal Address:

Street Address:

E-mail Address:

Contact Numbers:

Landline:

Mobile:



Particulars of Record / [s] 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. [If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.]

Description of record or
relevant part of the record:

Reference number,
if available

Any further particulars of
record

Type of Record

Please annotate with an X if applicable.

Record is in written or printed form	_____
Record comprises virtual images [This includes photographs, slides, video recordings, computer-generated images, sketches, etc.]	_____
Record consists of recorded words or information which can be reproduced in sound	_____
Record is held on a computer or in an electronic, or machine-readable form	_____

Form of Access

Please annotate with an X if applicable.

Printed copy of record [including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form]	_____
Written or printed transcription of virtual images [this includes photographs, slides, video recordings, computer-generated images, sketches, etc.]	_____
Transcription of soundtrack [written or printed document]	_____
Copy of record on flash drive [including virtual images and soundtracks]	_____
Copy of record on compact disc drive [including virtual images and soundtracks]	_____
Copy of record saved on cloud storage server	_____

Manner of Access

Please annotate with an X if applicable.

Personal inspection of record at registered address of public/private body *[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]*

Postal services to postal address

Postal services to street address

Courier service to street address

Facsimile of information in written or printed format *[including transcriptions]*

E-mail of information *[including soundtracks if possible]*

Cloud share/file transfer

Preferred language

[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]

Particulars of Right to be Exercised or Protected

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected.

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

Fees

- A request fee must be paid before the request will be considered.
- You will be notified of the amount of the access fee to be paid.
- 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

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address

Telephone Number

Electronic Communication
[Please specify]



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

Signed at: _____

this _____ day of _____ 2025

Full name and surname:

Signature:

For Official Use Only

Reference number:

Request received by:

[State Rank, Name and Surname of
Information Officer]

Date received:

Access fees:

Deposit [if any]:

