## FORM 2

## **REQUEST FOR ACCESS TO RECORD**

[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						
E-mail address:						
Fax number:						
Mark with an <b>"X"</b>						
Request is mad	e in my ow	n name	Reque	st is made or	behalf of another perso	n.
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	Tel. (B):			Facsimile:		
Contact Numbers	Cellular:					
Full names of person on whose behalf request is made (if applicable):						
Identity Number						
Postal Address						

Street Address					
E-mail Address					
Contact Numbers	Tel. (B)		Facsimile		
	Cellular				
	PAR'	TICULARS OF RECORD REC	QUESTED		
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  (Mark the applicable box with an "X")					
Record is in written or p	rinted form	1			
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 (Mark the applicable box with an "X")				
	uding copies of any virtual images, transcriptions and information 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 driv	re (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 (Mark the applicable box with an "X")				
	ord at registered address of public/private body (including listening ation which can be reproduced in sound, or information held on c or machine-readable form)				
Postal services to postal ad-	dress				
Postal services to street add	dress				
Courier service to street add	dress				
Facsimile of information in v	written or printed format (including transcriptions)				
E-mail of information (include	ding soundtracks if possible)				
Cloud share/file transfer					
Preferred language (Note that if the record is no the language in which the re	ot available in the language you prefer, access may be granted in ecord is available)				
	JLARS OF RIGHT TO BE EXERCISED OR PROTECTED				
If the provided space is inac	dequate, please continue on a separate page and attach it to this Fo requester must sign all the additional pages.	orm. The			
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:				
	FE	EES		
	ist be paid before the requ			
	ed of the amount of the ac for access to a record der		a. in which access is required and	
	me required to search for			
	exemption of the payment	of any fee, please	state the reason for exemption	
Reason	Reason			
You will be notified in wricosts relating to your reque			ved or denied and if approved the anner of correspondence:	
Postal address	Facsimile	Electronic communication		
1 Ostal address	i acsimije		(Please specify)	
Signed at	this	day of	20	
			<u> </u>	
Signature of Requester	/ person on whose beha	alf request is mad	le e	
	FOR OF	 FICIAL USE		
Reference number:				
Request received by:				
(State Rank, Name	And			
Surname of Information (	Officer)			
Date received:				
Access fees:				
Deposit (if any):				
Deposit (if any):				
Deposit (if any):				

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