

**PRESCRIBED FORM**

**REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

**A. Particulars of private body**

The Head: MTN

---

---

---

---

---

**B. Particulars of person requesting access to the record**

- (a) *The particulars of the person who requests 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:

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

**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:

---

---

---

---

---

2. Reference number, if available: \_\_\_\_\_

3. Any further particulars of record:

---

---

---

**E. 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 required to be paid as the request fee.*
- (c) *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.*
- (d) *If you qualify for exemption of the payment of any fee, please state the reason therefor.*

Reason for exemption of payment of fees: \_\_\_\_\_

**F. 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 required:
--------------	--------------------------------

Mark the appropriate box with an "X":

NOTES:

- (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.

<b>1. If the record is in written or printed form:</b>					
<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record		
<b>2. If record consists of visual images:</b> (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)					
<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images*		
<input type="checkbox"/>		<input type="checkbox"/>	Transcription of the images*		
<b>3. If record consists of recorded words of information which can be reproduced in sound:</b>					
<input type="checkbox"/>	Listen to the soundtrack (audio casset)	<input type="checkbox"/>	Transcription of the soundtrack* (written or printed document)		
<b>4. If record is held on computer or in an electronic or machine-readable form:</b>					
<input type="checkbox"/>	Printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*		
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer readable form* (stiffy or compact disc)		
* If you requested a copy or transaction of a record (above), do you wish the copy or transcription to be posted to you? <b>A postal fee is payable</b>			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	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:

---

---

---

2. Explain why the requested record is required for the exercising or protection of the aforementioned right:

---

---

---

**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 thereof 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 record?

---

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER/ PERSON ON  
WHOSE BEHALF REQUEST IS MADE