

**FORM FOR APPLICATION OF INFORMATION
REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

A. Particulars of Private Body

B. Particulars of the Person Requesting Access to the Record

First Name/s _____

Last Name _____

Identity/Passport Number _____

Postal Address _____

Contact Number _____

Email Address _____

C. Particulars of the Person on Whose Behalf Request is Made

(ONLY complete if the request is made on behalf of another person)

First Name/s _____

Last Name _____

Identity/Passport Number _____

Postal Address _____

Contact Number _____

Email Address _____

D. Description of the Record or Relevant Parts Thereof

E. Fees

(You will be notified of the amount required to be paid. The request for access to a record will only be processed once the fee has been paid.)

If you qualify for exemption of the payment of any fee, please state the reason:

F. Particulars of Right to be Exercised or Protected

(Include an explanation why the record is required for the exercise or protection)

G. Notice of Decision Regarding Request for Access

(How would you prefer to be informed of the decision regarding your request for access to the record?)
