FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

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

TO: The Information Officer, Roy Bregman
E-mail address: roy@bmalaw.co.za

Mark with an "X":
[ ] Request is made in my own name
[ ] Request is made on behalf of another person

PERSONAL INFORMATION

Item	**Details**
Full Names	
Identity Number	
Capacity in which request is made	(if acting for another person)
Postal Address	
Street Address	

Item	Details
E-mail Address	
Contact Numbers (Tel. (B), Cell)	

If acting on behalf of someone else:
| Full names of person on whose behalf request is made | | | Identity Number | | | Postal Address | | | Street Address | | | E-mail Address | | | Contact Numbers | |

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if known, to enable the record to be located. (If space is inadequate, attach a signed separate page.)

Particulars of record and reference number (if known):

FORM OF ACCESS

(Mark with an "X" as required)

- [ ] Printed copy of record (including copies of virtual images, transcriptions, and information held on computer or in electronic/machine-readable form)
- [ ] Written/printed transcription of virtual images (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

(Mark with an "X" as required)

- [ ] Personal inspection at registered address of body (including listening/viewing/reading as applicable)
- [ ] Postal services to postal address
- [ ] Postal services to street address
- [ ] Courier service to street address
- [ ] E-mail of information (including soundtracks if possible)
- [ ] Cloud share/file transfer

Preferred language (note: if the record is not available in this language, access may be granted in the language available):

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

Indicate which right is to be exercised or protected:

Right:

Explain why the record requested is required for the exercise or protection of the above right:

Explanation:

FEES

a) A request fee must be paid before consideration.
b) The fee payable depends on the form in which access is required, and the reasonable time required to search for and prepare a record.
c) If you qualify for exemption from fees, state the reason:

Reason for exemption:

You will be notified in writing whether your request has been approved or denied, and the costs relating to your request, if any.

Preferred correspondence method:
[ ] Postal address
[ ] Electronic communication (please specify): _____

Signed at _____ this _____ day of _____ 20_____

Signature of Requester / person on whose behalf request is made: _____

FOR OFFICIAL USE

Reference number:
Request received by: (Rank, Name, Surname)
Date received:
Access fees:
Deposit (if any):

Signature of Information Officer: _____