REQUEST FOR ACCESS TO RECORD

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person

	(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
	(Insert address)
	E mail address: Fax number:
Mark v	with "x":
	Request is made in my own name Request is made on behalf of another

PERSONAL INFORMATION				
Full name and surname:				
Identity number:				
Capacity in which request is				
made (when made on behalf of				
another person):				
Postal address:				
Street address:				
Email address:				
Contact numbers:				
Telephone				
(Business):				
Facsimile:				
Cellular:				
request is				
made (if applicable):				
Identity number:				
Postal address:				
Street address:				
Email address:				

Contact numbers:	
Telephone	
(Business):	
Facsimile:	
Cellular:	
PARTICULARS (OF RECORD REQUESTED
Provide full particulars of the record	d to which access is requested, including the
reference number if that is known to	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 the	
record or relevant part	
of the record:	
Reference number (if	
available):	
Any further particulars	
of record:	
TYPE O	F RECORD
(Mark the applicable box with an "x	")
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	
	M OF ACCESS
(Mark the applicable box with an "x	")
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	ER OF ACCESS				
	ER OF ACCESS				
(Mark the applicable box with an "x	.)				
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)					
Email 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)					
/	O RE EXERCISED OR PROTECTED				
PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED If the provided space is inadequate, please continue 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					
requested record is					
required for the					
exercising or					
protection of the					
aforementioned right:					

You will be notified	ou will be notified in writing whether your request has been approved or					
denied and if appr	denied and if approved the costs relating to your request, if any. Please					
indicate your prefe	indicate your preferred manner of correspondence:					
Postal address	Facsimile	Electronic				
		communication				
(Please specify						

Signed at on	this day		of 20		
CIONATURE OF REQUI		ONL ONL	_		
SIGNATURE OF REQUI					
WHOSE BEHALF REQU	JEST IS MADE				
	FOR	OFFICIAL	USE		
Reference number:					
Request received by					
(State Rank, Name					
And Surname of					
Information Officer):					
Date received:					
Access fee:					
Deposit (if any):					

SIGNATURE OF INFORMATION OFFICER