PARTICULARS OF PERSON R	EQUESTING					
a) The particulars of the	person who requests access to the record must be given below.					
b) The address and/ or email address to which the information is to be sent, must be given.						
c) Proof of the capacity i	n which is made, if applicable, must be attached.					
Full names and surname:						
Identity number:						
Postal address:						
Telephone number:						
E-mail address:						
Canacity in which request is	s made, when made on behalf of another person.					
Capacity in which request is	made, when made on behalf of another person.					
PARTICULARS OF PERSON O	N WHOSE BEHALF A REQUEST IS MADE					
This section must be comple	eted ONLY if a request for information is made on behalf of another person					
Full names and surname:						
r dir riarries and surname.						
Identity number:						
PARTICULARS OF RECORD						
	s of the record to which access is requested, including the reference number if that is known to					
you, to enable the rec						
	is inadequate, please continue on a separate folio and attach it to this form					
c) The requester must sig	gn all the additional folios.					
1. Description of record, or re	elevant part of the record:					
2. Description of record, of re	sevant part of the record.					
2. Reference number, if avail	able:					
3. Any further particulars of r	record:					

EES			
A request for access to a record, oth a request fee has been paid. You will be notified of the required The fees payable for access to a rec search for and prepare a record. If you qualify for exemption of the p	amount to be paid as the request ord depends on the form in whicl	: fee. h access is required and t	he reasonable time required to
Reason for exemption for pay	ment fee:		
. ,			
If you are prevented by a disability t			provided for in 1 to 4 below,
If you are prevented by a disability t			provided for in 1 to 4 below,
If you are prevented by a disability t state your disability and indicate in			provided for in 1 to 4 below,
If you are prevented by a disability t state your disability and indicate in			provided for in 1 to 4 below,
If you are prevented by a disability to state your disability and indicate in the state appropriate box with an X			provided for in 1 to 4 below,
If you are prevented by a disability to state your disability and indicate in lark the appropriate box with an X Disability			provided for in 1 to 4 below,
If you are prevented by a disability to state your disability and indicate in state your disability and indicate in state your disability and the appropriate box with an X Disability			provided for in 1 to 4 below,
ORM OF ACCESS TO RECORD If you are prevented by a disability to state your disability and indicate in the state your disability and indicate in the state appropriate box with an X Disability Form in which record is			provided for in 1 to 4 below,
If you are prevented by a disability to state your disability and indicate in state your disability and indicate in state your disability and indicate in state your disability Disability Form in which record is NOTES: (a) Compliance with	which form the record is required	1.	provided for in 1 to 4 below,
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Liston to the convention of the con-			Tueseesisti	-f	* /			
Listen to the soundtrack/ or audio cassette			Transcription of soundtrack* (written or printed document)					
If record is held on computer or in a	an electro	nic or machine-readable	form:					
Printed copy of record	ed copy of record Printed copy of inform derived from the record			Copy of computer readable form				
Note that if the record is not available.	able in th	e language you prefer, a	ccess may be gr	anted in the	language	in whic	h the re	cord is
If you requested a copy or transcrip to be posted to you?	otion of a i	record (above), do you w	sh the copy or t	ranscription	YES		NO	
In which language would you prefer	r the reco	rd?						
NOTICE OF DECISION REGARD	ING REC	UEST FOR ACCESS						
You will be notified whether your r specify the manner and provide the informed of the decision regarding	e necessa	ry particulars to enable o	compliance with					
Signed at	th	is day	of	20				
Signature of data subject/ desi	gnated	person						