

Form A

Request for Access to Record of a Private Body

(Section 53(1) of the Promotions of access to Information Act, 2000 (Act No. 2 of 2000))

A. Particulars of a private body

The Information Officer:

B. Particulars of the person requesting access to the record

<p>a) The particulars of the person who requests access to the records must be given below.</p> <p>b) The address in the Republic to which the information is to be sent.</p> <p>c) Proof of capacity in which the request is made, if applicable, must be attached.</p>
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Full names and surname: _____

Identity number: _____

Postal address: _____

Telephone number: _____ Fax number: _____

Email address: _____

Capacity in which request is made when made on behalf of another person: _____

C. Particulars of person on whose behalf the request is made

<p>This section must be completed ONLY if a requester for information is made on behalf of another person.</p>
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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.**

I. Description of records or relevant part of the record: _____

II. Reference number, if available: _____

III. 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 for exemption.

Reason for exemption from 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 is required: _____
Mark the appropriate box with an X.	
<p>NOTES:</p> <p>a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>b) Access in the form requested may be refused in certain circumstances. In such case you will be informed if access will be granted in another form.</p> <p>c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	

1. If the record is in written or printed form:					
	Copy of record (*)			Inspection of record	
2. If the record consists of visual images (this includes photographs, slide, video recordings, computer-generated images, sketches, etc.):					
	View the images		Copy of the images (*)		Transcription of the images (*)
3. If record consists of recorded words or information which can be reproduced in sound:					
	Listen to the soundtrack (audio cassette)			Transcription of soundtrack (*) written or printed document)	
4. If record is held on computer or in an electronic or machine-readable form:					

	Printed copy of record		Printed copy of information derived from record		Copy in computer readable form (*) (flash drive or CD)
(*) If you request a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? (Postage is payable)				YES	NO

G. Particulars of right to be exercised or protected

If you 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 record requested is required for the exerciser 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 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 the record? _____

Signed at _____ this _____ day of _____ 20__

 Signature of requester / person on whose behalf request is made

This fully completed and signed form must be emailed to:
 The Information Officer – BHA-Medical on
 informationofficer@bha-medical.com