**

REQUEST FOR ACCESS TO RECORDS HELD BY

**Request Type**

Please select the type of request you are making:

|  |  |
| --- | --- |
|  | *Consent Withdrawal* |
|  | *Access request* |
|  | *Rectification/Alteration of personal data* |
|  | *Erasure/Deletion of personal data* |
|  | *Restriction of processing of personal data* |
|  | *Personal data portability request* |
|  | *Objection to processing of personal data* |
|  | *Request regarding automated decision making and profiling* |

# Particulars of person requesting access to A record

The particulars of the person who requests access to the record must be given below.

The address and/or fax number to which the information is to be sent must be given.

Proof of the capacity in which the request is made, if applicable, must be attached.

|  |  |
| --- | --- |
| **FULL NAMES AND SURNAME:** |  |
| **PROOF OF IDENTITY:** |  |
| **POSTAL ADDRESS:** |  |
| **FAX NUMBER:** |  |
| **TELEPHONE NUMBER:** |  |
| **E-MAIL ADDRESS:** |  |
| **CAPACITY IN WHICH REQUEST IS MADE:** |  |
| **WHEN MADE ON BEHALF OF ANOTHER PERSON:** |  |

# Particulars of person on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person.

|  |  |
| --- | --- |
| **FULL NAMES AND SURNAME:** |  |
| **IDENTITY OR COMPANY REGISTRATION NUMBER:** |  |

# Particulars of record

Provide full particulars of the information or record to which access is requested, including any reference number if that is known 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. ***The Data Subject Requester must sign all the additional pages.***

|  |  |
| --- | --- |
| **DESCRIPTION OF RECORD**  **OR RELEVANT PART OF THE RECORD:** |  |
|  |
|  |
|  |
|  |
| **REFERENCE NUMBER,**  **IF AVAILABLE:** |  |
| **ANY FURTHER PARTICULARS OF RECORD:** |  |
|  |
|  |

# FEES

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. You will be notified of the amount required to be paid as the request fee. 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 such record. If you qualify for exemption of the payment of any fee, please state the reason for exemption.

|  |  |
| --- | --- |
| **REASON FOR EXEMPTION FROM PAYMENT OF FEES:** |  |
|  |
|  |

# 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:** |  |
|  |  |
|  |  |

NOTES:

(a) Compliance with your request in the specified form may depend on the form in which the record is available.

(b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.

(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested and the time taken to retrieve the record

**1. If the record is in written or printed form:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Copy Of Record\*** |  | **Inspection Of Record** |

**2. If record consists of visual images** *(this includes photographs, slides, 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 The Record\*** |  | **Copy In Computer Readable Form\* (Memory Stick Or Compact Disc)** | |
| **\*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable and for your account.** | | | | **Yes** | | **No** |

# Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on 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 record requested is required for the exercise or protection of the aforementioned right:** |  |
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|  |
|  |

# Notice of decision regarding request for access

You will be notified in writing via your chosen communication method whether your request has been approved/ denied within 30 days. 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 / DATA SUBJECT/PERSON ON WHOSE BEHALF THE REQUEST IS MADE

Once completed, this form should be submitted via email to the Information Officer at

P.O.BOX

Mr/s(Information Officer)

Address

Email address