



**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 authorisation must be attached to this form.
3. Forms to be forwarded to [cx@just.property](mailto:cx@just.property)

TO: The Information Officer


(Address)

Email address:	
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Mark with an "X"

The request is made in my own name

The request is made on behalf of another person



<b>Personal Information</b>		
Full Names		
Identity Number		
Capacity in which request is made (when made on behalf of another person)		
Postal Address		
Street Address		
Email Address		
Contact Numbers		
Full names of person on whose behalf the request is made (if applicable)		
Identity Number		
Postal Address		
Street Address		
Email Address		
Contact Numbers	Tel.	
	Cell	
<b>PARTICULARS OF RECORD REQUESTED</b>		
<p>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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)</p>		
Description of record or relevant part of the record:		



Reference number, if available	
Any further particulars of record	
<b>TYPE OF RECORD</b> (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	
<b>FORM OF ACCESS</b> (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)	
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)	

**ARTICULARS 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 Page 5 of 5 Explain why the record requested is required for the exercise or protection of the aforementioned right:	

**FEES**

- A. A request fee must be paid before the request will be considered.
- B. You will be notified of the amount of the access fee to be paid.
- 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	

*You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:*



Postal address	Facsimile	Electronic communication <i>(Please specify)</i>

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
***Signature of Requester / person on whose behalf request is made***

FOR OFFICIAL USE	
Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

\_\_\_\_\_  
***Signature of Information Officer***