



REQUEST FOR ACCESS TO IADS RECORD

1. Particulars of private body

2. Particulars of person requesting access to the record

- a. *The particulars of the person who requests access to the record must be given below.*
- b. *The address and/or fax number in the Republic to which the information is to be sent must be given.*
- c. *Proof of the capacity in which the request is made, if applicable, must be attached.*

FULL NAME AND SURNAME: _____

IDENTITY NUMBER: _____

POSTAL ADDRESS: _____

TELEPHONE: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

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

3. Particulars of person on whose behalf request is made

- a. *This section must ONLY be completed if a request for information is made on behalf of another person. Proof is required for authority in the form of a letter of authorisation from the person on whose behalf the request is made and a certified copy of the identification of the requestor and the person on whose behalf the request is made is required.*

FULL NAME AND SURNAME: _____

IDENTITY NUMBER: _____



4. 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 requestor must sign all the additional folios.*

Description of the record or relevant part of the record:

Reference number of the record, if available:

Any further particulars of the record:

5. Fees

- a. A request for access to a record, other than a record containing personal information about you, will be processed only after a request fee has been paid.*
- b. You will be notified of the amount payable 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 of payment of the fee, if any:

6. Form of access to record

a. 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 the record is required	

Mark the appropriate box with an X

- 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 you will be informed if access will be granted in another form.*
- c. The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.*

If the record is in written or printed form:					
	copy		Inspection of record		
If the record consists of visual images, including photographs, slides, video recording, computer generated images, sketches, etc.					
	view the images		copy of images		transcription of images
If the record consists of recorded words or information which can be produced in sound:					
	listen to soundtrack		transcript of soundtrack		
If the record is held on a 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
If you requested a copy or transcription of a record, do with the copy or transcription to be posted to you? Postage is payable				Yes	No



7. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requestor must sign all the additional folios.

Indicate which right is to be exercised or protected:

Indicate why the record requested is required for the exercise or protection of the aforementioned right:

Notice of decision regarding request for access:

You will be notified in writing whether the 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 REQUESTOR/
PERSON ON WHOSE BEHALF REQUEST IS MADE