

REQUEST FOR ACCESS TO A RECORD



Tel: 0861 000 300 | Email: info@mhcmt.co.za

taking care of our own

SECTION 1: PARTICULARS OF PRIVATE BODY (FOR OFFICE USE ONLY)

The Head: Moto Health Care

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Reference number assigned to request

Name and surname of personnel receiving request

Signature of personnel receiving request

<input type="text"/>	Date	<input type="text"/>
DD/MM/YYYY		

Request fee (if any)

<input type="checkbox"/> R	<input type="checkbox"/> R
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Deposit fee (if any)

<input type="checkbox"/> R	<input type="checkbox"/> R
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Please indicate whichever fee is applicable to this request.

SECTION 2: PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD

- The particulars of the person who is requesting access to the record must be given below.
- The address, email or SMS number in South Africa to which the information is to be sent must be given.
- Proof of the capacity of the person making the request, if applicable, must be attached.

First name/s

Surname

Date of birth

 DD/MM/YYYY

Identity/Passport number

 Country of issue

Physical address

 Postal code

Postal address

 Postal code

Telephone number

 Fax number

Cell phone number

Email address

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

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SECTION 3: 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.

First name/s	<input type="text"/>	
Surname	<input type="text"/>	
Date of birth	<input type="text"/>	DD/MM/YYYY
Identity/Passport number	<input type="text"/>	Country of issue <input type="text"/>

SECTION 4: PARTICULARS OF RECORD

- Provide full particulars of the record to which access is requested, including the reference number if known, to enable the record to be located.
- If the space provided is inadequate, please continue on a separate page and attach it to this form. **The 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:

SECTION 5: 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 format in which access is required and the reasonable time required to search for and prepare a 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:

SECTION 6: FORMAT OF ACCESS TO RECORD

If you are prevented by a disability to read, view or listen to the record in the format of access provided for in 1 to 4 on page 3, state your disability and indicate in which format the record is required.

Disability:

Format in which record is required:

Notes:

- a) Compliance with your request in the specified format may depend on the format in which the record is available.
- b) Access in the format requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another format.
- c) The fee payable for access to the record, if any, will be determined partly by the format in which access is requested.

Please tick the appropriate box below.

1. If the record is in written or printed format:

- copy of record*
- inspection of record

2. If the 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* (written document)

3. If the record consists of recorded words or information that can be reproduced in sound:

- listen to the soundtrack (audio cassette)
- transcription of soundtrack* (written or printed document)

4. If record is stored on a computer or in an electronic or machine-readable format:

- printed copy of record*
- printed copy of information derived from the record*
- copy in computer-readable format* (compact disc)

* If you requested a copy or transcription of a record (as above), should the copy or transcription be posted to you?

Yes No **Postage is payable**

SECTION 7: PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the space provided 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 that is being requested is required to exercise or protect the aforementioned right:

SECTION 8: 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

Name of requester/person on
whose behalf the request is made

Signature

Date

DD/MM/YYYY