

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

1. Proof of identity must be attached by the requester.
2. If requests made on behalf of another person, proof of such authorisation not older than 6 months, must be attached to this form.

TO: The Information Officer / Deputy Information Officer
Independent Police Investigative Directorate
 473 Stanza Bopape Street, Benstra Building, Arcadia
 Private Bag X 491
 PRETORIA

E-mail address: nvacu@ipid.gov.za
 Tel number: 012 399 0066

Mark with an "X"

Request is made in my own name

Request is made on behalf of another person.

PERSONAL INFORMATION			
Full Names			
Identity Number			
Capacity in which request is made <i>(when made on behalf of another person)</i>			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B):		Facsimile:
	Cellular:		
Full names of person on whose behalf request is			
Identity Number			
Postal Address			
Street Address			
E-mail Address			
Contact Numbers	Tel. (B)		Facsimile

Cellular

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the court to locate the record. (Please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:

Reference number, if available

Any further particulars of record

Has summons been issued or served or set down

What is the trial date

TYPE OF RECORD

(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

FORM OF ACCESS

(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.)

Transcription of soundtrack (written or printed document)

Copy of record on flash drive (including virtual images and soundtracks)

Copy of record on compact disc drive (including virtual images and soundtracks)

Copy of record saved on cloud storage server	
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MANNER OF ACCESS

(Mark the applicable box with an "X")

Personal inspection of record at registered address of public/private body <i>(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)</i>	
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Postal services to postal address	
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Postal services to street address	
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Courier service to street address	
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Facsimile of information in written or printed format <i>(including transcriptions)</i>	
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E-mail of information <i>(including soundtracks if possible)</i>	
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Cloud share/file transfer	
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Preferred language <i>(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)</i>	
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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 the protection of the aforementioned right:	

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 (Please specify)

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/ Deputy Information Officer