

FORM 02

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000)
Regulation 10

A. Particulars of Private Body

Private Body Name: Intelligent Automation Hub (iAhub)

Registered Address: _____

Postal Address: _____

Telephone: _____

Email: _____

Information Officer: _____

Deputy Information Officer: _____

B. Particulars of Person Requesting Access to the Record

(Please provide proof of identity)

Full Name: _____

Identity/Registration Number: _____

Postal Address: _____

Telephone: _____

Mobile: _____

Email: _____

Capacity in Which Request is Made:

Personal capacity

On behalf of another person (attach proof of authority)

C. Particulars of Person on Whose Behalf Request is Made

(If applicable)

Full Name: _____

Identity Number: _____

Postal Address: _____

Authorisation Attached: Yes No

D. Record Requested

1. Description of Record:

(Provide enough detail to identify the record)

2. Reference Number (if available):

3. Type of Record:

- Paper / Written documents
- Electronic records
- Emails
- Financial records
- Employee records
- Policies / Manuals
- Other (describe): _____

E. Form of Access to Record

(Mark with an X)

1. Preferred Form of Access:

- Copy of the record
- Inspection of the record
- Email copy
- USB / Electronic format
- Transcription of recorded information
- Other: _____

2. If record is in another language, translation required?

Yes No

Specify language: _____

F. Right Being Exercised or Protected

State the **right** you wish to exercise or protect and explain why this record is required to exercise or protect that right:

G. Fees

A request fee may be payable.

You will be notified of the fee before the request is processed.

If requesting access to personal information **about yourself**, you are **not** required to pay a request fee.

- I request access to my personal information (no request fee payable)
- I request other information (request fee may apply)

H. Notice of Decision

Indicate how you would prefer to receive the decision:

- Email
- Post
- Telephone
- Facsimile
- Other: _____

I. Signature

I hereby declare that the information provided is true and correct.

Signature: _____

Full Name: _____

Date: ____ / ____ / ____