



## ANNEXURE A: Access Request Form

Note:

- (1) Proof of identity must be attached by the requestor.
- (2) If the request is made on behalf of another person, proof of such authorisation, must be attached to this form.

All requests must be addressed to the Information Officer and sent via email [compliance@eftcorp.com](mailto:compliance@eftcorp.com) with the subject line "Request for Access to Record Form"

Mark with an "X"

<input type="checkbox"/>	Request is made in my own name
<input type="checkbox"/>	Request is made on behalf of another person

### B. PARTICULARS OF PERSON REQUESTING ACCESS TO RECORD

Full name and surname	
Identity number	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	
Capacity in which request is made, when made on behalf of another person:	

**C. PARTICULARS OF PERSON OF WHOSE BEHALF THE REQUEST IS MADE**

<i>This section must be completed <b>only</b> if a request for information is made on behalf of another person</i>	
Full name and surname	
Identity number	

**D. PARTICULARS OF RECORD**

<i>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 initialled and signed.</i>	
Description of record or relevant part of the record	
Reference number (if available)	
Any further particulars of record	

**E. FEES**

(a)	<i>A request for access to a record, other than a record containing PI about yourself, will be processed only after a request fee has been paid.</i>
(b)	<i>You will be notified of the amount of the request fee.</i>
(c)	<i>The fee payable for access to a record depends on the form in which the access is required, and the reasonable time required to search for and prepare a record.</i>

**F. FORM OF ACCESS TO RECORD**

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in below, state your disability and indicate in which form the record is required.	
Disability:	Form in which record is required:
<p>Mark the appropriate box with an "X".</p> <p><b>NOTES:</b></p> <p>(a) Compliance with your request for access in the specified form may depend on the form in which the record is available.</p> <p>(b) Access in the form requested may be refused in certain circumstances. In such a case, you will be informed if access will be granted in another form.</p> <p>(c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.</p>	
<b>1. If the record is in written or printed form:</b>	
<input type="checkbox"/>	Copy of record*
<input type="checkbox"/>	Inspection of record
<b>2. If the record consists of visual images:</b>	
(This includes photographs, slides, video recordings, computer-generated images, sketches, etc.)	
<input type="checkbox"/>	View the images
<input type="checkbox"/>	Transcription of the images*
<input type="checkbox"/>	Copy of the images*
<b>3. If the record consists of recorded words or information which can be reproduced in sound:</b>	
<input type="checkbox"/>	Listen to the soundtrack (audio file in format?)
<input type="checkbox"/>	Transcription of soundtrack (written or printed document)*
<b>4. If the record is held on computer or in an electronic or machine-readable form:</b>	
<input type="checkbox"/>	Printed copy of record
<input type="checkbox"/>	Printed copy of information derived from the record*
<input type="checkbox"/>	Copy in computer-readable form* (flash drive or email)

**5. If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?**

*A postal fee is payable.*

YES

NO

**G. PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED**

*If the provided space is inadequate, please continue of a separate folio and attach it to this form.*

**The requester must sign all the additional folios.**

Indicate which right is to be exercised or protected:

Explain why the requested record is required for the exercising or protection of the right:

**H. 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 thereof 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 \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE