UMHLANGA ORTHOPAEDIC SURGEONS

FORM 2 – REQUEST FOR ACCESS TO RECORD

[Regulation 7 | Section 18(1) / Section 53(1) of PAIA]

NOTE:
1. Proof of identity must be attached by the requester.
2. If requests are made on behalf of another person, proof of such authorisation must be attached to this form.

TO: The Information Officer

Umhlanga Orthopaedic Surgeons
Address: Suite 510, Busamed Gateway Private Hospital, Umhlanga Rocks 4320
Email: sarah@umhlangaos.co.za

Mark with an 'X':

☐ Request is made in my own name
☐ Request is made on behalf of another person

PERSONAL INFORMATION

Full Name		
Identity Number		
Capacity (if on behalf of another)		
Postal Address		
Street Address		
Email		
Telephone	(B)	Cell

Full Names of person on whose behalf request is made (if applicable)		
Identity Number		
Postal Address		
Street Address		
Email		
Telephone	(B)	Cell

PARTICULARS OF RECORD REQUESTED

Description of record/ relevant parts of record	
Reference Number (if available)	
Further particulars	

TYPE OF RECORD (mark with X):
☐ Written/printed document
☐ Virtual images (photographs, slides, video, computer images, sketches)
☐ Recorded words/sound
☐ Electronic / machine-readable form

FORM OF ACCESS

☐ Printed copy
☐ Transcription (images/sound)
☐ Flash drive copy
☐ Cloud storage copy

MANNER OF ACCESS

☐ Personal inspection at practice
☐ Post (postal address)
☐ Post (street address)
☐ Courier
☐ Email
☐ Cloud/file transfer

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

Indicate which right is to be exercised or protected	
Explain why the record is required	

FEES

a) A request fee must be paid before the request will be considered.
b) You will be notified of the amount of the access fee to be paid.
c) The fee payable for access to a record depends on the form in which access is required and the time required to search and prepare.
d) If you qualify for exemption, state reason: _____

Preferred correspondence: □ Postal □ Email (specify): _____

Signed at _____ this _____ day of _____ 20____

Signature of Requester: _____

FOR OFFICIAL USE

Reference number: _____
Request received by (Information Officer): _____
Date received: _____
Access fees: _____
Deposit (if any): _____

Signature of Information Officer: _____