

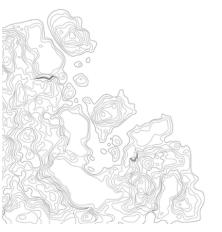
#### FORM 2: REQUEST FOR ACCESS TO RECORD

[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, must be attached to this form.

TO: The Information Officer (Address)		
E-mail address:		
Fax number		
Mark with an "X"		
Request is made in my own name		
A request is made on behalf of another person		



	PERSONAL INFORMATION		
Full Names			
Identity Number			
Capacity in which request is made (when made on behalf of another person)			
Postal Address			
Street Address			
E-mail Address			

	Tel. (B):	Facsimile:	
Contact Numbers	Cellular:		
Full names of person on whose behalf request is made (if applicable):			
Identity Number			
Postal Address			
Street Address			
E-mail Address			



	Tel.(B)		Facsimile	
Contact Numbers	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 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 signed.)			located. (If	
Description of record or relevant part of the record:				
Reference number, if available				
Any further particulars of record				

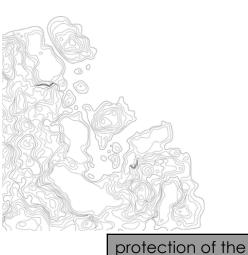


TYPE OF RECORD	
(Mark the applicable box with an " <b>X</b> ")	
Record is in written or printed form	
Record comprises virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Record consists of recorded words or information which can be reproduced 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 " <b>X</b> ")	
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	



MANNER OF ACCESS  (Mark the applicable box with an "X")	
Personal inspection of record at registered address of public/private body (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)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	

# 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



aforementioned

right:

		FEE:	S		
a)					
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 reasonable time required to search for and prepare a record.				
d)	If you qualify for exemption of the payment of any fee, please state the reason for exemption				
Rea	ison				
denie	ed and if app	•	ating to your repondence:	s been approved or quest, if any. Please	
	Postal address	Facsimile		communication se specify)	
Signed	d at	this	day of	20	



#### **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