

PARADIGM RISK CONSULTANTS (PTY) LTD

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY FORM

(Section 53(1) of the Promotion of Access to Information Act, 2 of 2000) [Regulation 10]

Details of person requesting access to the Record

Full Name	
ID	
Address	
Contact	
Email	
Capacity	

Details of person on whose behalf the request is being made

Full Name	
ID	
Address	
Contact	
Email	
Capacity	

Description of record requested

Details of Fees Paid/ Exempt from fees





Form of Access to Record

Form on which record is required:	
Reason:	

Particulars of right to be exercised or protected

Reason(s) Particulars of right to be exercised or protected

Approval/ Decline notice of decision regarding request for access will be in writing. Confirm details of preference, if in writing is not acceptable?

Declaration

The information contained here is true and correct:

Information Office signature:

Signed at _____

On Date _____

Signature of requester/ person on whose behalf the request was made:
