


Document Title	Request for Access to Record	
Document Type	Form & Template	
Document No:	GTICS-PRIV-FT-001	
Version No:	1	
Author:	GTICS	
Effective Date:	01/02/2026	
Next Revision Date:	01/02/2031	

FORM 2
REQUEST FOR ACCESS TO RECORD
[Regulation 7]

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
Address
E-mail address
Fax number

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.

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:	
Contact Numbers - Tel. (B):	
Facsimile:	
Cellular:	

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PERSONAL INFORMATION OF PERSON ON WHOSE BEHALF REQUEST IS MADE (IF APPLICABLE)

Full names:	
Identity Number:	
Postal Address:	
Street Address:	
E-mail Address:	
Contact Numbers - Tel. (B):	
Facsimile:	
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.

Description of record or relevant part of the record:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Reference number, if available:	
Any further particulars of record:	<hr/> <hr/> <hr/>

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TYPE OF RECORD

(Mark the applicable box with an "X")

<input type="checkbox"/>	Record is in written or printed form.
<input type="checkbox"/>	Record comprises virtual images. This includes photographs, slides, video recordings, computer-generated images, sketches, etc.
<input type="checkbox"/>	Record consists of recorded words or information which can be reproduced in sound.
<input type="checkbox"/>	Record is held on a computer or in an electronic, or machine-readable form.

FORM OF ACCESS

(Mark the applicable box with an "X")

<input type="checkbox"/>	Printed copy of record, including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form.
<input type="checkbox"/>	Written or printed transcription of virtual images. This includes photographs, slides, video recordings, computer-generated images, sketches, etc.
<input type="checkbox"/>	Transcription of soundtrack (written or printed document).
<input type="checkbox"/>	Copy of record on flash drive, including virtual images and soundtracks.
<input type="checkbox"/>	Copy of record on compact disc drive, including virtual images and soundtracks.
<input type="checkbox"/>	Copy of record saved on cloud storage server.

MANNER OF ACCESS

(Mark the applicable box with an "X")


<input type="checkbox"/>	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.
<input type="checkbox"/>	Postal services to postal address.
<input type="checkbox"/>	Postal services to street address.
<input type="checkbox"/>	Courier service to street address.
<input type="checkbox"/>	Facsimile of information in written or printed format, including transcriptions.
<input type="checkbox"/>	Email of information, including soundtracks if possible.
<input type="checkbox"/>	Cloud share/file transfer.
Preferred language:	

(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.)

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:	<hr/> <hr/> <hr/>
Explain why the record requested is required for the exercise or protection of the aforementioned right:	<hr/> <hr/> <hr/>

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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 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.


Reason:	<hr/> <hr/> <hr/>
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You will be notified in writing whether your request has been approved or denied and, if approved, the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

<input type="checkbox"/>	Postal address
<input type="checkbox"/>	Facsimile
<input type="checkbox"/>	Electronic communication (Please specify): _____

Signed at _____ this _____ day of _____ 20 _____

Signature of Requester/person on whose behalf request is made

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FOR OFFICIAL USE

Reference number:	
Request received by:	
Name and surname of Information Officer:	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer