

Form No.	AGF0026
Version No. 1	Revision Date.
Controller	SM
Effective	11/10/2023

Request for Access to Records

A. FOR Agri-Canaan Use				
Received by:				
Reference number				
Date of Receipt:				
Applicable Fees:				
D. DADTICH ARE OF REDCON REQUESTING ACCESS TO THE RECORD				
B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD The particulars of the person who requests access to the record must be recorded below.				
Full names and surname of Requestor:				
Identity Number:				
Postal Address:				
Capacity in which request is made, when made on behalf				
of another person:				
Forms of information (i.e. Doct. For Free!)				
Form of information (i.e: Post, Fax, Email)				
Telephone: Email:				
C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE				
This section must be completed only if a request for information is made on behalf of another person.				
Full names and surname of person on whose behalf				
request is made				

Identity Number:						
D. PARTICULARS OF RECORD						
Provide full particulars of the record to which access is requested, to enable the record to be located. If the						
provided space is inadequate, please continue on a separate folio and attach it to this form.						
Description of record or relevant part of the record:						
E. FEES						
A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid. You will be notified of the amount required to be paid as						
the request fee. 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 the record.						
If you qualify for exemption from the payment of any fee, please state the reason for this.						
Reason for exemption from payment o	f fees:					
F. NOTICE OF DECISION REGARDIN	G RECUIEST EOR AC	CESS				
You will be notified in writing whether	•		ı 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 like to be informed of the decision regarding your request for access to a record?						
How would you like to be illiorned	of the decision reg	arding your request for a	iccess to a record?			
Signed at	_ this	day of	20 .			
Signature of requester / person on whose behalf request is made.						