



ACCESS TO INFORMATION REQUEST FORM

Please email the completed form to info.officer@cbs.sc

For Official Use

Registration Number:

Is this request being made in your personal name? (State Yes or No):

Are you requesting this information on behalf of another person or an institution/organisation? (State Yes or No):

*If Yes, please attach authorisation details.

Requestor Details

Full Name (s):

Surname:

NIN:

Address of the individual or institution/organisation:

Email (required if preferred mode of contact is electronically):

Phone Number:

Description/Details of Request:

(Please provide as much details applicable – subject matter/date range/type of records and provide any relevant information/details to assist the search)

Is this the first request for this information? (State Yes or No):

If No, please state reference number given?

Does this request relate to any other request issued? (State Yes or No)

If Yes, please provide details?

What is your preferred mode of contact for any queries and to receive the response pertaining to your request? (State whether preference is for electronic or hard copy)

For official Use:

Date received:

Additional notes: