

## APPLICATION FOR ACCESS TO INFORMATION

| 1.  | Particulars of the Applicant/Requester   |
|-----|--|
|     | Name:  |
|     | Gender:  |
|     | National Identity/Passport No  |
|     | Nationality:   |
|     | Telephone No:  |
|     | E-mail:  |
|     | Physical Address:  |
| 2.  | State whether the request is being made on behalf of another person. If yes, provide the particulars of that person                                      |
| ••• | ovide the authority to apply on his behalf)  |
| 3.  | Particulars of the information sought (provide full particulars about the document or information you are seeking to assist in processing your request). |
|     | Name/type of document or information:  |
|     | Reference /File No. (if known):  |
|     | Any other details:   |
|     | Brief description of the contents of the document:   |

| 4. Specific information sought:  |
|--|
|  |
|  |
| <b>5.</b> Reason for seeking the information:  |
|  |
| 6. Nature of access sought (I would like to) –   |
| Please choose the relevant options (s):  |
| <ul> <li>a) Inspect the document</li> <li>b) Listen to the document</li> <li>c) View the document</li> <li>d) Have a copy of the document in the following format(s):</li> <li>Photocopy</li> <li>USB mass drive</li> <li>Email File</li> <li>Other (please specify)</li> <li>e) Other (please specify)</li> </ul> |
| If a copy is required, specify the number required   |
| If the document is to be posted to you, specify the mode and the address of the postage  |
|  |
| (Please note that accessing information is free, but the production of copies of the record and transmission will attract a nominal fee).  |

| Signature of the Requester/Applicant:                      |  |
|--|--|
| Date:  |  |
|  |  |
| For Official Use   |  |
| Date Request received                                      |  |
| Remarks  |  |
|  |  |
| Name and Designation of the officer receiving the request: |  |
|  |  |
| Signature: Date  |  |