

APPLICATION FOR ACCESS TO INFORMATION UNDER THE RIGHT TO INFORMATION ACT, 2019 (ACT 989)



1. Name of Applicant:	
2. Date:	
3. Institution:	

4.	Date of Birth:	DD:	MM:	YYYY:
5.	Type of Applicant:	Individual <input type="checkbox"/> Organization/Institution <input type="checkbox"/>		
6.	TIN Number:			
7.	If Represented, Name of Person Being Represented			
7a.	Capacity of Representative:			
8.	Type of Identification:	<input type="checkbox"/> National ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Driver's License		
8a.	ID Number:			
9.	Description of the Information being sought (specify the type and class of information including cover dates):			

<p>10.</p>	<p>Manner of Access:</p>	<p><input type="checkbox"/> Inspection of Information</p> <p><input type="checkbox"/> Copy of Information</p> <p><input type="checkbox"/> Viewing / Listen</p> <p><input type="checkbox"/> Written Transcript</p> <p><input type="checkbox"/> Translated (specify language): <input type="text"/></p>
<p>10a.</p>	<p>Form of Access:</p>	<p><input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Braille</p>
<p>11.</p>	<p>Contact Details</p>	<p><input type="checkbox"/> Email Address: <input type="text"/></p> <p><input type="checkbox"/> Postal Address <input type="text"/></p> <p><input type="checkbox"/> Digital Address: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Telephone: <input type="text"/></p>
<p>12.</p>	<p>Applicant's signature/thumbprint:</p>	
<p>13.</p>	<p>Signature of Witness (where applicable)</p> <p>"This request was read to the applicant in the language the applicant understands and the applicant appeared to have understood the content of the request."</p>	

**NOTICE OF DECISION
(Official Use Only)**

14.	FOR OFFICE USE: Received By: _____ (Information Officer)	Date Submitted: _____
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15. DECISION:

15a.	<input type="checkbox"/> Access Granted <input type="checkbox"/> Partial Access Granted Reason for Partial Access:
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15b.	<input type="checkbox"/> Application Transferred Date of Transfer: _____ Institution: _____
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15c.	<input type="checkbox"/> Deferred Access Reason for Deferment <input type="checkbox"/> Information will be published within 90 days <input type="checkbox"/> Information is yet to be submitted Duration of Deferment: _____
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<p>15d.</p>	<p><input type="checkbox"/> Access Denied</p> <p>Reasons for Denial:</p> <p><input type="checkbox"/> Information for the President or the Vice- President (s.5, Act 989)</p> <p><input type="checkbox"/> Information Relating to Cabinet (s.6, Act 989)</p> <p><input type="checkbox"/> Information Relating to Law Enforcement & Public Safety (s.7, Act 989)</p> <p><input type="checkbox"/> Information Affecting International Relations (s.8, Act 989)</p> <p><input type="checkbox"/> Information that Affects the Security of the State (s.9, Act 989)</p> <p><input type="checkbox"/> Economic and Any Other Interests (s.10, Act 989)</p> <p><input type="checkbox"/> Economic Information of Third Parties (s.11, Act 989)</p> <p><input type="checkbox"/> Information Relating to Tax (s.12, Act 989)</p> <p><input type="checkbox"/> Internal Working Information of Public Institution (s.13, Act 989)</p> <p><input type="checkbox"/> Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989)</p> <p><input type="checkbox"/> Privileged Information (s.15, Act 989)</p> <p><input type="checkbox"/> Disclosure of Personal Matters (s.16, Act 989)</p> <p><input type="checkbox"/> Non – existent Information (s.24, Act 989)</p> <p><input type="checkbox"/> Application is manifestly frivolous or vexatious (s.27, Act 989)</p>
<p>16.</p>	<p>Signed: _____ Date of Notice: _____</p> <p>Name: _____</p> <p style="text-align: center;">Information Officer</p>



Acknowledgement

This is to acknowledge that your request for information was received:

Date: _____

Time: _____

Institution of receipt: _____

Name of recipient: _____

[Official Stamp]

Designation: _____

To receive notice of the decision on your request kindly visit:

Place: _____

Date: _____

Time: _____