

[Reference No.:]

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



1.	Name of Applicant:			
2.	Date:			
3.	Public Institution:			
4.	Date of Birth:	DD	MM	YYYY
5.	Type of Applicant:	Individual <input type="checkbox"/>	Organisation/Institution <input type="checkbox"/>	
6.	Tax Identification Number			
7.	If Represented, Name of Person Being Represented:			
7 (a).	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		
8 (a).	Id. No. of Applicant:			
9.	Description of the Information being sought (specify the type and class of information including cover dates. Kindly fill multiple applications for multiple requests):			

10.	Manner of Access:	<input type="checkbox"/> Inspection of Information <input type="checkbox"/> Copy of Information <input type="checkbox"/> Viewing / Listen <input type="checkbox"/> Written Transcript <input type="checkbox"/> Translated (specify language) <input type="text"/>
10 (a).	Form of Access:	<input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Braille
11.	Contact Details:	<input type="checkbox"/> Email Address _____ <input type="checkbox"/> Postal Address _____ <input type="checkbox"/> Tel: _____
12.	Applicant's signature/thumbprint:	
13.	Signature of Witness (where applicable) <i>"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."</i>	