

# **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 Representative:			
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.:			
9.	Description of the Information being sought (specify the type and class of information including cover dates):			

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)		
10 (a).	Form of Access: <input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Braille		
11.	Contact Details:	Email Address _____ Postal Address _____ Tel: _____	
12.	Applicant's signature/thumbprint:		
13.	Signature of Witness (where applicable) <p><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></p>		

## Notice of Decision

14.	<b>FOR OFFICE USE:</b> Received By:  <hr style="border: 0.5px solid black; height: 1.2em; margin-bottom: 5px;"/> (Information Officer)	Date Submitted: _____
<b>15. DECISION:</b>		
<b>15 (a).</b> <input type="checkbox"/> Access Granted <input type="checkbox"/> Partial Access Granted  Reason for Partial Access:    		
<b>15 (b).</b> <input type="checkbox"/> Application Transferred  Date of Transfer: _____  Institution: _____		
<b>15 (c).</b> <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: _____		

<b>15 (d).</b>	<input type="checkbox"/> <b>Access Denied</b>  Reasons for Denial:  <input type="checkbox"/> Information for the President or the Vice- President (s.5, Act 989) <input type="checkbox"/> Information Relating to Cabinet (s.6, Act 989) <input type="checkbox"/> Information Relating to Law Enforcement & Public Safety (s.7, Act 989) <input type="checkbox"/> Information Affecting International Relations (s.8, Act 989) <input type="checkbox"/> Information that Affects the Security of the State (s.9, Act 989) <input type="checkbox"/> Economic and Any Other Interests (s.10, Act 989) <input type="checkbox"/> Economic Information of Third Parties (s.11, Act 989) <input type="checkbox"/> Information Relating to Tax (s.12, Act 989) <input type="checkbox"/> Internal Working Information of Public Institution (s.13, Act 989) <input type="checkbox"/> Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989) <input type="checkbox"/> Privileged Information (s.15, Act 989) <input type="checkbox"/> Disclosure of Personal Matters (s.16, Act 989) <input type="checkbox"/> Non – existent Information (s.24, Act 989)
<b>16.</b>	Signed: _____ Date of Notice: _____
<b>Name:</b> _____ Information Officer	



## 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: \_\_\_\_\_