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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of Applicant:</td>
</tr>
<tr>
<td>2</td>
<td>Date:</td>
</tr>
<tr>
<td>3</td>
<td>Public Institution:</td>
</tr>
<tr>
<td></td>
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<tr>
<td>5.</td>
<td>Type of Applicant:</td>
</tr>
<tr>
<td>6.</td>
<td>TIN Number</td>
</tr>
<tr>
<td>7.</td>
<td>If Represented, Name of Representative:</td>
</tr>
<tr>
<td>7(a).</td>
<td>Capacity of Representative:</td>
</tr>
<tr>
<td>8.</td>
<td>Type of Identification:</td>
</tr>
<tr>
<td>8(a).</td>
<td>Id. No.:</td>
</tr>
<tr>
<td>9.</td>
<td>Description of the Information being sought (specify the type and class of information including cover dates. Kindly fill multiple applications for multiple requests):</td>
</tr>
</tbody>
</table>
10. Manner of Access:  
- Inspection of Information
- Copy of Information
- Viewing / Listen
- Written Transcript
- Translated (specify language)

10 (a). Form of Access:  
- Hard copy
- Electronic copy
- Braille

11. Contact Details:  
- Email Address______________________________
- Postal Address______________________________
- Tel: ________________________________

12. Applicant's signature/thumbprint:  

13. Signature of Witness (where applicable)  

   “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.”
## Notice of Decision

### 14. FOR OFFICE USE:

<table>
<thead>
<tr>
<th></th>
<th>Received By:</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_________________________________</td>
<td>________________________________</td>
</tr>
<tr>
<td></td>
<td>(Information Officer)</td>
<td></td>
</tr>
</tbody>
</table>

### 15. DECISION:

<table>
<thead>
<tr>
<th>15 (a)</th>
<th>Access Granted</th>
<th>Partial Access Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Access Granted</td>
<td>☐ Partial Access Granted</td>
</tr>
</tbody>
</table>

**Reason for Partial Access:**

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**Cost of Form / Manner of Access:**

- **Hard Copy:** ........................
- **Electronic Copy:** ....................
- **Braille:** .............................
- **Transcript:** ...........................
- **Translation:** ........................

**Total:** .............................

**Note:** Access to Information will be granted upon full payment of the costs indicated above.

<table>
<thead>
<tr>
<th>15 (b)</th>
<th>Application Transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Application Transferred</td>
</tr>
</tbody>
</table>

**Date of Transfer:** ........................

**Institution:** ............................
15 (c).  Deferred Access

Reason for Deferment

- Information will be published within 90 days
- Information is yet to be submitted

Duration of Deferment: ______________

15 (d).  Access Denied

Reasons for Denial:

- Information for the President or the Vice-President (s.5, Act 989)
- Information Relating to Cabinet (s.6, Act 989)
- Information Relating to Law Enforcement & Public Safety (s.7, Act 989)
- Information Affecting International Relations (s.8, Act 989)
- Information that Affects the Security of the State (s.9, Act 989)
- Economic and Any Other Interests (s.10, Act 989)
- Economic Information of Third Parties (s.11, Act 989)
- Information Relating to Tax (s.12, Act 989)
- Internal Working Information of Public Institution (s.13, Act 989)
- Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989)
- Privileged Information (s.15, Act 989)
- Disclosure of Personal Matters (s.16, Act 989)
- Non – existent Information (s.24, Act 989)

16. Signed: ___________________________  Date of Notice: ___________________________

Name: ________________________________
Information Officer

[OFFICIAL STAMP]
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: _______________________